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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Bhutan
Support for a comprehensive population programme

Proposed UNFPA assistance:	$2.8 million, of which $2.2 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $600,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	July 1992
Executing agencies:	Government of Bhutan United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Planning Commission Ministry of Social Services

BHUTAN

Demographic facts

Population Total (000)	
Total	1,516
Males	784
Females	732
Sex ratio (/100 females)	107.2
Urban	81
Rural	1,435
Per cent urban	5.3
Population in year 2000 (000)	1,906
Functional age groups (%)	
Young child: 0-4	15.3
Child: 5-14	24.4
Youth: 15-24	19.3
Elderly: 60+	5.5
65+	3.4
Women: 15-49	23.2
Median age (years)	20.0
Dependency ratios: total	75.6
(/100) Aged 0-14	69.7
Aged 65+	5.9
Agricultural population density (/hectare of arable land)	11.9

Population density (/sq. km.)	32
Average annual change (000)	
Population increase	36
Births	61
Deaths	25
Net migration	0
Annual population total (% growth)	2.26
Urban	5.90
Rural	2.04
Crude birth rate (/1000)	38.2
Crude death rate (/1000)	15.0
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	5.53
Gross reproduction rate (/woman)	2.70
Net reproduction rate (/woman)	1.92
Infant mortality rate (/1000)	118
Life expectancy at birth (years)	
Males	50.6
Females	49.4
Both sexes	50.0
GNP per capita (U.S. dollars, 1989)	*

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

* not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $2.8 million, of which $2.2 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Bhutan in achieving its population and development objectives. UNFPA would seek to provide the balance of $600,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is based on government priorities and strategies as elaborated in the Seventh Five-Year Plan document, particularly those for the health, education, environment and women sectors; the findings and recommendations of a UNFPA Programme Review and Strategy Development (PRSD) mission that visited Bhutan in 1991; and extensive discussions with senior officials of the Planning Commission, the Ministry of Social Services, other sectoral ministries and religious leaders, as well as with representatives of other agencies of the United Nations system and bilateral donors. The new programme is designed to coincide with the Government's Seventh Five-Year Plan (1 July 1992 to 30 June 1997) and with the programmes of the following partners of UNFPA in the Joint Consultative Group on Policy (JCGP): the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), and the World Food Programme (WFP).

3. The population goal of the Government is to reduce annual population growth from over 2 per cent to less than 2 per cent by the year 2000. Other population objectives are to: (a) reduce maternal mortality by half by the year 2000 from an estimated 770 per 100,000 live births in 1990; (b) reduce infant mortality rates to 50 per 1,000 live births by the year 2000 from an estimated rate of 142 per 1,000 live births in 1984; (c) substantially improve the health conditions and chances of survival of children under age 5; (d) promote the education of women and make special efforts to increase their involvement in the economic development of the country; and (e) ensure nationwide access to and availability of primary health services, including family planning, education and Safe Motherhood practices by the year 2000. One of the main themes of the Seventh Five-Year Plan is fostering sustainable development and the pursuit of a balance between population, the country's resources and the environment.

4. The broad objectives of the proposed UNFPA programme would be to: (a) assist the Government in building the national capacity for population policy formulation, data collection and analysis, population planning and programme coordination; (b) expand the network of maternal and child health and family planning (MCH/FP) service points and the referral system of maternity emergency care; (c) substantially increase community-based maternity care with expansion of outreach clinics and community participation; (d) improve the quality of MCH/FP services with emphasis on the training of health care providers; (e) increase the demand for family planning services and provide needed contraceptive supplies and equipment; (f) promote the integration of women into mainstream development activities; and (g) develop and institutionalize population information, education and communication (IEC).

5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para.14 (e)); and that all couples and individuals have

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the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

6. The Buddhist Kingdom of Bhutan, with a land area of 46,500 square kilometres, is landlocked and situated in the eastern Himalayas between India and China. The terrain is almost entirely mountainous. The majority of the population is widely dispersed along narrow strips of arable land in deep valleys, hilly slopes and riverine areas, at altitudes that can vary dramatically within a few kilometres. The difficult geography and the dispersion of the population are accompanied by limited transportation and communication infrastructures, posing great challenges to economic development and to the creation of an effective MCH/FP delivery and logistics system.

7. Demographic trends. There is considerable uncertainty about the de facto population of Bhutan. Official United Nations estimates, which are based on projections of a largely accepted 1981 figure of 1.2 million, place today's population at between 1.4 to 1.5 million. However, following a district-by-district registration, the Government announced in 1990 that nationals numbered 600,000 and that there were also a significant, but unspecified, number of non-nationals. Precise estimates of the overall population may not be available for some time. This large discrepancy is explained by the fact that Bhutan shares a long and porous border with India and that, at any given time, there are various categories of people, including those without legal residence, who cross the border to utilize and benefit from the country's free social services. After reviewing a variety of government information and data, the PRSD mission adopted the estimate of a total population of 1 million for planning purposes. (Official United Nations estimates are given in the data sheet on p. 2.)

8. According to the PRSD mission's findings, Bhutan has entered a phase of demographic transition characteristic of many developing countries, reflecting an acceleration in the rate of population growth. While recent estimates of fertility and mortality are not available, a 1984 government survey suggests that the crude birth rate was around 39.1 per thousand and the crude death rate was approximately 19.1, resulting in a rate of natural increase of 2 per cent per year. According to the same survey, the total fertility rate was 5.9, expectation of life at birth for males and females was 45.8 and 49.1 years, respectively, and the infant mortality rate was estimated at around 142 per 1,000 live births. Preliminary results from a government survey of March 1991, indicate that the infant mortality rate has declined significantly following successful immunization campaigns and may now be 118 per 1,000 live births for females and 128 per 1,000 for males. Correspondingly, expectation of life at birth is estimated at 52.2 years for males and 53.9 for females. The maternal mortality rate remains very high and is estimated at 770-800 maternal deaths per 100,000 live births. The total fertility rate has probably increased or, at best, remained constant in recent years at 5.9-6.0 children per woman. Department of Health figures show the total fertility rate could be as high as 6.16. The PRSD mission suggested that the rate of natural increase is between 2-3 per cent per year and increasing, and that in the 1990s there would be a 35 per cent increase in population.

9. Thimphu, the capital, and other main townships have less than 30,000 inhabitants each. The total urban population comprises only 13 per cent of the population, and urbanization is not a major issue. This could change, however, with shifts in demographic conditions and with consequent pressure on land resources, resulting in a gradual increase of unemployment in urban areas and among youth.

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10. Economic and social conditions. The economy is predominantly rural and subsistence based, despite the fact that only 8.8 per cent of the country's area is suitable for agriculture. Over 87 per cent of the population in the age-group 15-64 is engaged in agriculture and allied activities, but the share of this sector in the gross domestic product (GDP) is only 40 per cent and is declining.

11. Economic performance has been very positive in recent years mainly as the result of the commissioning of a large hydro-electric power plant that exports electricity. However, prospects for continued growth are constrained by an acute shortage of both skilled and unskilled labour, high production costs, the small size of the internal market, the country's remote location and dispersed population, and the limited infrastructure. There has been a slow-down in the economy since 1990, and the budgetary deficit may worsen in 1992 with serious consequences for essential services and the operation of schools and health centres. Although Bhutan is not afflicted by the widespread poverty of other least developed countries, continuing problems include difficult access to social services, safe water, sanitation, the high infant and maternal mortality rates, nutritional problems among children, and the low levels of literacy and education.

12. The Government is committed to the social goal of health for all by the year 2000 and has adopted the primary health care approach to achieve this objective. Modern health services were first introduced in the early 1960s and the main health infrastructure was put in place in the 1970s. Considering the recency of these developments, improvements in health and mortality have been significant. It is estimated that in 30 years the under-5 mortality rate has decreased from 246 to 197 per 1,000, the infant mortality rate from 158 to 123 per 1,000 and the crude death rate from 22 to 17 per 1,000.

13. Bhutan's literacy ranks low among South Asian countries, but the Government has committed itself to achieving universal education by the end of the century. The modern education system started in the 1960s. Although enrolment ratios are still modest, there has been remarkable progress in less than 30 years. Drawbacks are the lack of school facilities imposed by resource constraints, long distances to schools, the inadequate numbers of trained teachers, and inappropriate curricula. Enrolment is significantly lower for girls at all levels of the system, within an overall rate of about 39 per cent. School drop-out rates are highest at the end of primary school and at the end of junior high school and average about 30 per cent.

14. Women in Bhutan are guaranteed equal status with men, and in many parts of the country the right of inheritance follows the matrilineal line. Women are entitled to own land and property, manage their money, engage in business, and take decisions concerning crops. However, women, particularly in rural areas, still have limited access to education, and this places them at a disadvantage in a society in transition between a barter and a market economy. Realizing the importance of increasing woman's participation in the development of the country, the Government has accorded high priority to women's education and women's health in the Seventh Five-Year Plan.

15. Bhutan does not have an explicit population policy, and government statements about the implications of rapid population growth for economic and social development have been made only in recent years. Although family planning was introduced in 1974, it was viewed as an additional health service, and efforts have remained modest to date. More recently, however, the Government has become concerned about the effects of excessive population growth, particularly on the depletion of forests and on the deterioration of the environment in general. High fertility, early pregnancy, and problems of birth spacing are also viewed as detrimental to the health of mothers and children. This growing awareness is reflected in the draft 1990 resolution on "Population Planning in Bhutan", in the May 1990 "Declaration on Environment for Sustainable Development", and in the Seventh Five-Year Plan document.

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III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

16. External assistance constitutes a relatively large proportion of government expenditures on social sector programmes, but UNFPA is the only important population donor. UNFPA support started in 1981 in a limited way to address specific needs in family health. In 1988 the first country programme was approved in the amount of $1.5 million for 3 years to expand and strengthen MCH/FP services, utilize parasite control as an entry point for family welfare, and introduce population education into the formal school system.

Maternal and child health and family planning

17. Assistance in the MCH/FP sector provided funds for construction and provision of equipment to basic health units, MCH centres in referral hospitals, and for establishing a family health training centre for in-service training of paramedical staff and health workers. A total of 14 basic health units and 2 MCH centres were constructed and equipped before 1988, and 14 new basic health units were funded under the first country programme. A National Institute of Family Health (NIFH) complex was constructed in the south at Gaylegphug, and curricula for various categories of paramedical staff and health workers were prepared. During the first country programme period, the NIFH was expanded with a hostel, a store-room and staff quarters. Although the centre has not been used since January 1991 due to political disturbances in the south, interim measures have been taken to organize basic courses in Thimphu at the Royal Institute of Health Services (RIHS), an institution providing pre-service training for paramedicals. An evaluation undertaken in 1991 and the PRSD mission findings suggest that the project was successful in expanding the primary health network although the shortage of Auxiliary Nurse Midwifes severely limited the delivery of family planning services. Delays in construction work due to labour and building materials shortages eased by extending the project through most of 1992. A more serious problem has been the delay in delivery of contraceptive supplies and equipment, and, in general, the effectiveness of the project in promoting utilization of family planning services. About 40 per cent of the population is still reached only through monthly outreach clinics, and future programmes need to reflect this situation and include measures to actively involve communities. Other assistance in MCH/FP project concentrated on parasite control in five districts. While there was a sharp decrease of parasite infestation in the project area, its role in promoting family planning services was not successful.

18. Human resource development activities included 106 in-service training courses at the NIFH. Medical staff received training in vasectomy procedures, although introduction of mini-lap operations has not met with success because of a lack of anaesthetics, the need for greater surgical skills and the shortage of medical doctors. While training needs to be continued and strengthened, more emphasis should be placed in the future on family planning and contraceptive technology.

Information, education and communication

19. The other area of UNFPA assistance during the first country programme was for population education activities. Support was envisaged for integrating population education concepts into relevant subjects in the primary and secondary school curricula and for in-service training of teachers, health workers, community leaders and village volunteers; due to a late start most of these activities will be undertaken in 1992. A national seminar was convened in 1990 to review the country's health situation and to discuss for the first time a national population education programme. Ongoing activities include curricula development, printing of population material, and training of curriculum writers. A review indicates that future activities need to

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address the actual teaching of population education in classrooms, working to orient community leaders about population issues and to carry on follow-up activities with the communities addressed.

Other external assistance

20. In the health, education, and population sectors, the World Food Programme (WFP) provides food commodities for infants, expectant and nursing mothers, in-patients at hospitals and school children to improve their nutritional status. The UNICEF programme reflects concern for reduction of child and maternal mortality, morbidity, disability, improved child development, and expanded learning opportunities for young children, especially girls. Other activities aim at increasing community involvement in implementation of development activities. UNDP has focused support on a large umbrella programme for the development of human resources, both in-country and outside, to alleviate critical trained manpower shortages and to strengthen the management and programme capabilities of the civil service, and assistance for water supply and sanitation. WHO assistance has been directed at primary health care and health manpower development. The World Bank is involved in primary education, and a number of bilateral donors support programmes of sanitation, health services, human resource development and preservation of the environment, particularly Denmark and Switzerland. External assistance has been successful in addressing key short-term issues, but more substantive investments should have been made in infrastructure, expansion of services and development of human resources. At the same time, while the Government's capacity to execute, coordinate, implement and utilize external assistance has been remarkable, the critical shortage of personnel and labour have posed severe constraints to the interventions of both the Government and the various donors.

IV. PROPOSED PROGRAMME 1992-1997

21. The overall goals of the government population programme are detailed in paragraph 3 above. The Government has also established the following short-term population objectives for the term of the five-year programme: (a) to expand MCH/FP services by 60 per cent; (b) to provide prenatal and postnatal services to 90 per cent of pregnant women; (c) to ensure delivery by trained personnel of 50 per cent of births; (d) to utilize a variety of extension workers to create population awareness and promote the participation of communities; (e) to institutionalize population education in the formal education system; (f) to provide regular supplies of contraceptives and sterilization services to eligible couples; and (g) to monitor and evaluate MCH/FP services and training programmes.

22. Although feasible, the PRSD mission felt that the above objectives need to be supported by other interventions and recommended that UNFPA's future assistance be expanded to areas addressing the following issues: (a) lack of adequate and reliable data on population, particularly gender-specific data; (b) inadequate institutional capacity to collect, analyse and disseminate data and results; (c) the need for better understanding of population development issues in the socio-cultural context of Bhutan, particularly gender-specific considerations; (d) need for a comprehensive population programme and policy; and (e) inadequate management information systems and family planning motivation.

23. Accordingly, the proposed UNFPA second country programme plans to employ the following strategies: (a) strengthening the Central Statistical Organization as the coordinating agency for data collection, analysis and dissemination; (b) utilization of the planned 1995 census to provide reliable gender-specific population data; (c) creation of a focal point in the Planning Commission to ensure that population is integrated into the wider context of socio-economic interventions; (d) development of population research capabilities; (e) expansion of Safe Motherhood practices; (f) provision of a wide range of contraceptives at

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the primary health level and extension of service coverage and outreach; (g) utilization of women as Voluntary Village Health Workers (VVHWs); (h) development of a comprehensive IEC programme; and (i) utilization of available interpersonal communication channels such as community and religious leaders to create population awareness and to increase the demand for services.

Maternal and child health and family planning

24. In 1991 the entire primary health network consisted of 72 basic health units, 6 health posts and 350 outreach clinics. Although these service points are well distributed in the country, they are badly understaffed due to severe shortages of Auxiliary Nurse Midwives. Another critical shortage is the limited number of Voluntary Village Health Workers, most of whom are males and are not fully effective in delivering MCH/FP services. The PRSD mission noted that prenatal, delivery, post-natal, infant and child health services were only adequate in the 3 regional referral hospitals and in a few of the 18 district hospitals. Emergency care for high-risk pregnancies was only available at two regional and at two district hospitals. Lack of MCH/FP facilities and personnel was the main reason for the very low contraceptive prevalence of 10-12 per cent of eligible couples. Even where available the quality of contraceptive services is not fully satisfactory.

25. Although delivery of MCH/FP services has improved in the last decade, pregnant women are at risk of life-threatening pregnancy complications, which is the leading cause of death among women of child-bearing age. Strategies most likely to produce a substantial decline in maternal deaths are those that facilitate treatment of pregnancy complications and prevent unwanted pregnancies. UNFPA proposes to strengthen MCH/FP services, provide medical equipment for referral of pregnancy risk cases and basic equipment for basic health units, annual replenishment of contraceptives, development of human resources and specialized technical assistance. In line with PRSD mission recommendations, the programme would continue to support infrastructure and the extension of outreach services. The human resource development programme would include support for specialized training of doctors and various cadres of medical staff; training in counselling, service provision and safe-motherhood practices, and training of middle- and top-level health officials in management, programme implementation and evaluation.

26. UNFPA would provide a total amount of $1.6 million for activities in the area of MCH/FP, of which $350,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

27. UNFPA would support efforts to integrate motivation, health education and information dissemination into MCH/FP activities with a focus on women, including Safe Motherhood initiatives, and youth. Activities would include: (a) strengthening of advocacy and communication in the training curricula of the NIFH and the RIHS; (b) skills training in counselling to handle misconceptions about family planning methods and to motivate family planning acceptance; (c) use of clinical information for developing audience-specific materials. Support is also proposed for outreach activities, particularly the production of materials for religious leaders, lay-priests, community leaders, and for research, and sociocultural studies. Assistance would be provided to the Bhutan Broadcasting Service and the Development Support Communication Division for the development of suitable population extension material and radio programmes.

28. In the population education sector, present UNFPA activities, which focused on implementation at primary-school level, would be sustained. Monitoring and evaluation of actual classroom teaching of population education would be carried out using knowledge-attitude-practice (KAP) studies. At the same

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time, population education would be introduced in teacher-training colleges, in the National Institute of Education, and in high-schools. The entire programme would be evaluated through impact studies before and after new activities are launched. Human resource development activities would also include training in programme management, monitoring, evaluation, and research. Other activities would focus on population education for school dropouts, particularly girls.

29. UNFPA proposes a total amount of $650,000 for population IEC activities, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

30. The PRSD mission noted that the absence of an accurate database on population, especially on demographic and socio-economic characteristics, poses serious problems to development planning. The Government plans to continue efforts to strengthen the Central Statistical Organization (CSO) as the coordinating agency for all data on population and has planned a population census in 1995. UNFPA would support preparatory activities related to the 1995 population census and to strengthen the capabilities of the CSO as regards survey, sampling, and questionnaire design. Activities would include building a cadre of trained staff, with emphasis on female investigators; the provision of limited data processing equipment and software; and the design of a sample survey to collect data on households, occupations, education, fertility, and contraceptive patterns at the time of the census. Further technical assistance would be provided to document problems in the vital registration system. UNFPA proposes a total amount of $300,000 for activities in the field of data collection and analysis.

Population policy formulation

31. The Government has prepared a draft document on population planning, primarily relevant to the family planning programme of the Department of Health. The implementation of the policy requires the integration of concerns of all the ministries and departments affected by population planning. UNFPA proposes to support the establishment of a focal point on population in the Planning Commission and a population and family planning documentation unit in the Department of Health, promote socio-cultural research on key population issues, and organize seminars on the integration of population and development issues. UNFPA would provide $100,000 for this sector.

Women, population and development

32. The Government recognizes that women are the cornerstone of change, especially with regard to family planning. In line with the government objective of promoting women's education and involvement in development activities, the PRSD mission recommended, inter alia, the following areas of action: (a) sensitization of government officials and planners about the importance of women in development; (b) encouraging women's education; (c) increasing women's access to family planning information and MCH/FP services, which would include Safe Motherhood initiatives; (d) encouraging child-spacing; and (e) promoting women's employment and income opportunities. Most of these activities are already envisaged under the MCH/FP sector and in the plans and projects of other donors. The institutional capability of the Government to implement women's programmes is also very limited. Taking these factors into account, UNFPA's support is proposed for gender-sensitization activities and for population-specific studies. UNFPA proposes a total amount of $100,000 for women, population and development activities, of which $50,000 would be sought from other sources, including multi-bilateral sources.

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Programme reserve

33. The proposed programme would include a reserve of $50,000 to accommodate unforeseen activities that may arise during the programme period.

Programme coordination

34. The counterpart body for UNFPA activities is the Department of Health in the Ministry of Social Services. This arrangement is expected to continue through the next programme cycle, although the establishment of a focal point on population in the Planning Commission would represent an important new development for future coordination arrangements. There are various external multilateral and bilateral organizations which complement UNFPA's efforts in many ways, but coordination and linkage between and among donors needs to be improved. UNDP took the lead role in 1991 in organizing a Workshop on Joint Programming and UNFPA remains closely associated with this development. Thus, the new programme is designed to coincide with the Government's Seventh Five-Year Plan and with the programme cycles of UNDP, UNICEF and WFP, partners with UNFPA in the Joint Consultative Group on Policy (JCGP). Collaborative activities are envisaged with UNDP in data collection and analysis, with UNICEF, WHO, WFP, and UNDP in the area of MCH/FP, with UNICEF, UNDP, the World Bank and WFP in population IEC, with UNDP and UNICEF in women, population and development activities, and with various United Nations agencies on environmental issues.

Programme monitoring, evaluation and management

35. Mechanisms for periodic monitoring and evaluation, including regular technical reviews would be built into each programme component. At least one MCH/FP and one population education project would be selected for in-depth evaluation. The proposed second country programme would be managed, as in the past, through the Bhutan Office of the UNDP Resident Representative, who is also the UNFPA Representative and thus has overall coordinating responsibilities. The UNFPA Country Director would continue to be based in New Delhi, India, and be responsible for assisting the UNFPA Representative in the programming and implementing of UNFPA activities, for making regular visits to Bhutan and for ensuring close communication with the UNDP Office. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that would become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

36. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $2.8 million over the five-year period 1992-1996, of which $2.2 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $600,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

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	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,250,000	350,000	1,600,000
Information, education and communication	450,000	200,000	650,000
Data collection and analysis	300,000	--	300,000
Population policy formulation	100,000	--	100,000
Women, population and development	50,000	50,000	100,000
Programme reserve	50,000	--	50,000
TOTAL	2,200,000	600,000	2,800,000

V. RECOMMENDATION

37. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Bhutan in the amount of $2.8 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2.2 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to seek to provide the balance of $600,000 of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Bhutan and with the executing agencies.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Namibia
Support for a comprehensive population programme

Proposed UNFPA assistance:	$4.5 million, of which $3 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Namibia United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Planning Commission

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $4.5 million, of which $3 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Namibia in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is based on a UNFPA needs assessment and pre-programming mission (April 1990), as well as various sectoral missions and reports, including health, nutrition, children, women and education situation analysis reports undertaken by the United Nations Children's Fund (UNICEF) (1989-1991), basic studies carried out by UNDP, a joint UNFPA and United Nations Women's Development Fund (UNIFEM) mission (September 1990), as well as other UNFPA reviews. Major population concerns identified by these reviews included: high rates of adolescent and overall fertility; high infant and maternal mortality rates; a significant lack of family planning awareness and practice plus an inadequacy of human resource skills across all sectors for the delivery of family planning services and/or counselling; a complete lack of reliable data on population dynamics; inadequate opportunities for women and youth; and the non-integration of population variables into development planning.

3. The proposed programme aims in the long term to contribute to a greater appreciation of the inter-relationships between population and development, including environmental and gender concerns. It further aims to strengthen national capacity to formulate, implement, manage and monitor population policies, programmes and projects. The programme's immediate objectives would be: (a) to facilitate the collection and analysis of data to provide a benchmark for further work in population and development planning; (b) to contribute to the creation of awareness on population issues; (c) to facilitate the slowing of population growth rates, currently estimated at over 3.0 per cent a year; (d) to contribute to the reduction of infant and maternal mortality rates; (e) to increase contraceptive prevalence, and contribute to a reduction in teenage pregnancies; (f) to facilitate the integration of population variables into socio-economic planning.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect of human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and the means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. United Nations population projections and estimates of demographic data are under review pending further analysis of the 1991 population census, hence the absence of a demographic fact sheet in this programme summary. According to provisional census results approved by the Government in December 1991, Namibia's population has nearly doubled from an estimated 737,497 in 1970 to the current 1,401,711 people. Between 1981 and 1991 the population grew at the rate of 3.0 per cent a year. Although data on key demographic variables are not expected to be available until the end of 1992, the majority of the population is afflicted with high infant and general mortality rates and exhibits high fertility rates. While

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Namibia has a relatively low average population density of only 1.7 persons per square kilometre, ranging from 9 persons per square kilometre in the north to 0.13 persons per square kilometre in the southern region. Forty-five per cent of the population is under 18 years of age while the 3.0 per cent annual growth rate puts increasing strain on scarce resources, including present and future provision of education, social services and employment creation.

6. Namibia was officially born as a nation on 21 March 1990 after the successful implementation of United Nations General Assembly resolution 435. Namibia has a land area amounting to 823,144 square kilometres and shares boundaries with Angola and Zambia to the north and South Africa and Botswana to the south and east. One of the oldest deserts in the world, the Namib, covers 15 per cent of the total land area. A central plateau consisting of open plains, valleys, rocky ridges and mountains covers about half of the territory. The population comprises one dominant cultural group -- the Ovambo, plus 10 numerically smaller groups -- the Kavango, Herero, Damara, White, Nama, Coloured, Caprivian, Bushman, Rehoboth Baster and Tswana. Projections based on an earlier census in 1981 gave an estimate of the population composition as being approximately 88 per cent black, 5 per cent white and 7 per cent of mixed or other races. The central factor shaping life in Namibia is aridity, with annual rainfall varying from about 100 mm in the south to about 650 mm in the north and north-east. Accordingly, the vegetation regions associated with these climatic patterns -- desert, savanna, and woodlands -- have influenced population distribution patterns.

7. With a per capita income of $1,188 in 1989, Namibia is classified as a middle-income country and as such is considered one of the richest in sub-Saharan Africa. However, a highly skewed income distribution is concealed behind the apparent wealth. In 1988, 5 per cent of Namibia's population accounted for more than 70 per cent of the gross domestic product (GDP), with a per capita income of $14,560; 40 per cent of the population received 25 per cent of GDP with per capita income of $663; and the remaining 55 per cent of the population received less than 5 per cent of GDP with a per capita income of $63. More than two-thirds of the population lives in rural areas in what can be described as absolute poverty. While the urban white population enjoys a housing standard and the use of public utilities and services comparable to those in the highly industrialized countries, the majority of the urban black population lives in townships in semi- or unfinished houses built to minimal standards. Even so, differentials between urban and rural income and employment opportunities, plus the possibility of access to better housing and improved public utilities services, including electricity, water and sanitation, provide a strong incentive for rural to urban migration.

8. With health spending accounting for 4.5 per cent of GDP, one doctor per 5,000 people and 5.6 hospital beds per 1,000 people, the health care system in Namibia should be comparable with those of middle-income countries and better than those of other sub-Saharan African countries. The public sector health service is subsidized by the state for all Namibians, the poor paying only a user fee of approximately $0.90 for services, inclusive of hospitalization and medicines. However, high infant and maternal mortality rates, malnutrition, and deaths caused by easily preventable diseases demonstrate that the previous administration's emphasis on curative rather than preventive health care did not embrace the entire population. The health system consists of 46 regional and district hospitals, 196 static clinics and health centres and 839 outreach clinics. Two main hospitals, one in Windhoek and one in Oshakati (the main town in the densely populated north), serve as the country's referral centres for cases from the regional and district levels and can perform fairly sophisticated curative services. These two hospitals account for 37 per cent of total health spending, compared to the 47 per cent assigned for community health services. Over half of all Namibia's professional nurses are based in these two hospitals which serve one third of all patients. Four regional hospitals, serving as referral centres for the district hospitals, provide a wide range of services including curative, preventive, promotive and rehabilitative services. They are also used as centres for in-service training. District hospitals

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provide similar services, in addition to supervising clinics and health centres within their catchment areas and outreach services. Clinics and health centres provide primary health care (PHC) services through more than 800 outreach points.

9. Despite the progress made to increase immunization coverage during the last 18 months, other elements of MCH/FP services have not fared well. Access to pre-natal, obstetric, and post-natal care as well as family planning is generally poor, especially in the north-east and north-west regions which account for about 60 per cent of the population. These two regions have 127 health facilities including hospitals, of which 40 (31 per cent) provide pre-natal care, and 38 (30 per cent) provide delivery care. In actual fact, the bulk of pre-natal and delivery services are carried out in hospitals. The south and central regions are relatively better off with 115 health facilities, of which 96 (83 per cent) provide pre-natal and delivery care. As in the north, delivery services are mainly provided by hospitals, with clinics and health centres conducting emergency deliveries only. Furthermore, the quality of maternal care is far from satisfactory. Family planning services are virtually non-existent in all regions, yet 69 per cent of the facilities in the north and 90 per cent of those in the south have the potential to offer them once the UNFPA proposed inputs and those of donors are made available. Major constraints contributing to poor access and/or poor quality of MCH/FP services include shortage of trained staff, lack of essential MCH/FP equipment and supplies especially in the clinics and health centres, lack of IEC materials, inadequate transport and communication facilities and the vast distances between communities and health facilities.

10. The lack of education among the majority of the population is a key determinant of the capacities of Namibia's population in many areas, as well as being critical to any population programme. Thus, restructuring the education and training system is a government priority. Total enrolment in the nation's 1,153 educational establishments is 374,269 students (1988), 98 per cent of whom are in primary and secondary education. Drop-out rates are high. Of the 12,525 teachers in 1988, only 12 per cent were qualified, having the equivalent of four years of tertiary education. A total of 4,633 students were enrolled in tertiary institutions in 1988. Estimates of illiteracy range between 50 per cent to 70 per cent of the total population and 65 per cent for adults (1988).

11. Over 50 per cent of the estimated 670,000-strong Namibian labour force is in the relatively fertile northern areas where industrial development has been negligible. Only a minor proportion is employed in the formal wage-earning sector. The remainder is engaged in private domestic service, on commercial farms, in subsistence agriculture, and in other non-formal economic activities. Conditions of employment in most sectors of the economy fall short of standards laid down in ILO conventions and recommendations but a new labour code is expected to be approved by the National Assembly in 1992. Underemployment is widespread in the traditional economy and in the urban informal sector. Apart from high unemployment and widespread underemployment among blacks in the labour force, there exists a conspicuous absence of blacks in skilled and professional jobs. Also, gender inequality has long been a feature, with women mainly locked into unskilled low-wage jobs, as well as being disproportionately affected by unemployment and underemployment in demanding but essentially low productivity work. Women are also victims of unequal access to wage employment in the formal sector.

12. It is against this background of extreme economic dualism and wide income disparities as well as the segmentation of labour along racial lines that the Government plans to elaborate its population programme and/or policy. The Government's economic and social strategy has been put forward in a document entitled "General Policy Statement of the Namibian Government" which provides for a mixed economy and seeks to promote policies aimed at: (a) ensuring that every citizen has access to public facilities and services; (b)

raising and maintaining the level of nutrition and public health, and the standard of living of the Namibian people; (c) ensuring equality of opportunity for women; and (d) protecting and maintaining the ecosystems and natural resources.

13. To attain these objectives, the Government has identified four priority sectors: (a) agriculture and rural development, on which the livelihood of the majority of the people depends; (b) education and training, to give an opportunity to all Namibians to participate fully in the development process; (c) health care (including potable water) for the neglected majority of the population; and (d) housing, especially for the less advantaged.

14. Reflecting its awareness of the importance of development planning, and its relationship to population factors, and of the need to coordinate aid, the Government has established a National Planning Commission. Located in the President's Office, it oversees, inter alia, statistics, including those relating to population.

15. To carry out its functions which are to be regulated by Act of Parliament, the Commission is engaged in the preparation of a National Planning Act and a Transitional National Development Plan (NDP) for the years 1991-1993. Basic NDP goals are: (a) to reactivate economic growth; (b) to create employment; (c) to reduce inequity in distribution of income; and (d) to alleviate poverty.

16. The Government does not, as yet, have an explicit population policy. However, it has expressed concern over population-related issues, especially with regard to population distribution, mortality and the question of linkages between rapid population growth, the provision of basic needs, and socio-economic development. The Government has manifested its concern for population issues in several ways, including its adoption of a primary health care approach, its statements at a UNFPA-organized national workshop on population and development, and more recently, the convening of a national Safe Motherhood Conference, also with UNFPA's help. In collaboration with UNICEF, the Government has completed its National Plan of Action for Children and embarked on human development initiatives with UNDP. The proposed UNFPA programme of assistance should be viewed, therefore, against this background.

III. REVIEW OF UNFPA AND OTHER DONOR ASSISTANCE TO DATE

17. The UNFPA office in Namibia was established in October 1990. Assistance in the 21 months since has been provided for pre-programme activities designed to support Namibia's 1991 Population and Housing Census to help the Ministry of Health establish a Maternal and Child Health and Family Planning Section within the Division of Family and Community Health in the Primary Health Care Directorate. The Fund also fielded missions to formulate activities in the various sectors (e.g., women, population and development; information, education and communication (IEC); and population dynamics and population policy formulation) and commissioned a knowledge, attitudes and practice (KAP) study to review current contraception awareness and practice. This includes a review of pre-Independence family planning practices. UNFPA also helped support two historic events mentioned earlier -- the first national workshop on population and development and the first Safe Motherhood Conference (co-sponsored by UNICEF).

Maternal and child health and family planning

18. Approved in an amount of $677,500 through 1992, technical assistance and training activities in the area of MCH/FP began in April 1991 and are progressing according to schedule. Four persons have so far

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been trained in providing family planning services, and one is undertaking a long-term course in health education.

Data collection and analysis

19. A comprehensive $1.6 million census project was launched in mid-November 1990 with $1.5 million being provided by the Government of Finland. Although delays were experienced, especially with government provision of counterpart personnel and of adequate office facilities for the statistical and census work, the census enumeration has been completed, including a post-enumeration survey. Data processing is under way, and the provisional results giving the total population by region and sex were approved by the Government in December 1991. Once processed and analysed, this will provide the Government and other users for the first time with accurate and reliable information on the country's population and social conditions.

Population policy formulation and dynamics

20. Efforts in these areas have helped fund relevant operational research to enhance programme development, especially the process of population policy formulation and the provision of family planning services, as well as participation by senior policy staff at international population meetings. Preliminary findings of the KAP study reflect existing perceptions and attitudes towards contraceptive methods and family planning resources and indicate that many misunderstandings and misconceptions are attributable to the quality of communications between health care providers and clients. The study also found that factors such as a lack of contraceptive methods choice and the unavailability of health staff to provide advice and counselling in family planning have contributed to low compliance, acceptability and poor continuation rates in addition to adverse publicity in the community. These results constitute an invaluable information base for the design of the MCH/FP programme.

Other external assistance

21. No systematic recording of development assistance to Namibia was undertaken prior to Independence on 21 March 1990. The total value of development assistance disbursed in Namibia in 1990 as reported to UNDP amounted to approximately $68 million. Humanitarian aid and relief accounted for 28 per cent and 11 per cent of the total, respectively. Although reported development assistance approximated 4 per cent of GDP and 9 per cent of government revenue in 1990, it is quite difficult to isolate the share specifically related to population objectives. In view of the Government's decision to exhaust all sources providing assistance on a grant basis before engaging in borrowing schemes, all 1990 disbursements were grants.

22. United Nations agencies providing assistance considered as having a primary or secondary influence on the population sector per se include: (a) UNICEF assistance to women and children (UNICEF contributed over $9.5 million between 1989 and 1991 and plans to add $30 million during the UNFPA programme period); (b) UNDP-assisted initial baseline studies as well as programmes in education, social development, human resources development and health; (c) the World Food Programme (WFP) and FAO involvement in humanitarian aid and relief efforts, totalling approximately $2 million; (d) WHO, in providing technical assistance to the Ministry of Health and Social Services.

23. Bilateral donors providing support for population and related activities include: (a) Sweden for human resource development in addition to direct budgetary support; (b) Cuba, Denmark, Finland, France, Germany, Norway, Switzerland and the United Kingdom of Great Britain and Northern Ireland in the field of human

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resource development; (c) Belgium, Finland, Germany and the United Kingdom for social development; (d) Canada and Finland for the health sector; and (e) the United States of America, for the education sector.

24. Other organizations and NGOs also extend support to the above sectors, notably the Commonwealth Fund for Technical Co-operation and the European Economic Community, which between them have contributed over $22 million. It should be borne in mind that out of total development assistance approximately 40 per cent was assigned to humanitarian aid and relief, 25 per cent to human resources development and only about 3 per cent to social development and health. Thus, UNFPA is the only agency or donor whose resources are going towards population activities as such.

IV. PROPOSED PROGRAMME 1992-1996

25. As indicated in section 1, the proposed programme has been based on a pre-programming mission as well as a variety of sectoral missions. The proposed programme seeks to attain the following objectives: (a) to increase awareness, community participation, political commitment and understanding at all levels of population issues, including environmental and gender concerns and AIDS; (b) to increase the availability, accessibility and acceptability of quality maternal and child health services, including family planning; (c) to heighten the understanding of the relationships between the advancement of women, sustainable development and population; (d) to enhance the availability and utilization of accurate and reliable demographic and socio-economic data; and (e) to coordinate all population activities, including policy-level measures. In order to attain these objectives, UNFPA will work closely with the Government and its partner United Nations agencies to develop the necessary institutional mechanisms for ensuring collaboration among all parties and donors active in the population field in Namibia.

26. In order to achieve these objectives, UNFPA would adopt a strategy that emphasizes the integration of family planning services into the primary health care service points and the expansion of the number of these services points. The effectiveness of MCH/FP activities would be enhanced by the development of human resources and by efforts to increase the contraceptive continuance rate by improving the mix of contraceptives available and the quality of MCH/FP counselling services. IEC campaigns would be targeted to specific audiences, especially youth and women of reproductive age.

Maternal and child health and family planning

27. Efforts are already being supported to help establish an MCH/FP Section within the Division of Family and Community Health. However, it is clear that more needs to be done in this area in order to increase both the coverage of and access to quality maternal care and family planning services. UNFPA would seek to ensure that approximately 70 per cent of the facilities in the northern region and 90 per cent of those in the southern region provide acceptable maternal care and family planning services during the next five years. UNFPA assistance will contribute to the Government's efforts to focus on strengthening preventive services as opposed to the curative focus of the past and to make voluntary family planning services more widely available.

28. Major activities during this period would include training of service providers, including traditional birth attendants (TBAs); training of managers and supervisors; and renovation/expansion and refurbishment of selected health facilities. Other needs include provision of essential MCH/FP equipment and supplies; development and production of training materials in conjunction with the ongoing IEC effort in the Ministry of Information and Broadcasting as well as provision of logistic support, especially to transport and

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communication facilities to outlying areas. In view of the sparse distribution of the population and the large distances between communities and health facilities, the Ministry will continue to rely on outreach services as a means of increasing access to PHC services. District hospitals, health centres and clinics will be strengthened to enable them to provide the requisite back-up support. In addition, technical assistance will be required at national and regional levels during this critical period while institutional capacity is being built and/or strengthened. A further aim will be to collaborate with the Division of Epidemiology in improving MCH/FP data collection and utilization. Staff are already involved in preparing the Demographic and Health Survey scheduled for 1992 with the assistance of the Japanese Government and the World Bank. The preliminary results of this survey, expected at the end of September 1992, will be utilized in setting targets for the MCH/FP programme. In close cooperation with the UNDP-funded training project and the UNICEF and WHO programmes in the health sector, UNFPA's assistance is expected to contribute to an overall improvement in the standard of services, an upgrading of health service providers, greater awareness of the availability of preventive services and improved access to general AIDS information, all leading to an eventual reduction in mortality and fertility rates and to an increase in the number of facilities offering such services on a regular basis. More specific targets will be established as and when data become available. UNFPA proposes to provide $1.5 million to this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

29. UNFPA proposes to develop a variety of channels to ensure widespread dissemination of population messages to the general public. UNFPA would: (a) assist the Ministry of Information and Broadcasting and the Namibia Broadcasting Corporation in building the capacity to plan, coordinate and implement intersectoral communication strategies, and to respond to the needs of government departments and NGOs in producing appropriate material; and (b) help to ensure that this system is effective in creating awareness and enhancing understanding of development plans and population issues among the various segments of the Namibian public. During the programme period, activities would be geared towards the general population, especially youth and women of reproductive age. The objective would be to reach those groups and decision makers using radio and the print media, as well as by utilizing extension workers and interpersonal communication. Such efforts would be expected to empower the general population to make responsible decisions regarding their families, make better use of resources and address environmental concerns. In addition, a section would be made operational within the Information Ministry, complete with a cadre of trained staff, that would be capable of maintaining a steady flow of IEC materials. UNFPA proposes to provide $900,000 to this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

30. The scarcity of reliable data poses a serious limitation on the Government's ability to implement its development plans. While both UNFPA and UNDP are helping the Government in this sector, additional assistance should be made available to enable the Government to consolidate achievements to date by instituting a training programme to increase the number and quality of the staff of the Central Statistical Office. This would enhance the Office's capacity to analyse and disaggregate data for macro- and micro-level planning purposes, and to disseminate the results. It would also enable the Office to conduct the necessary cartographic work in preparation for the next census and would ensure the availability of a reasonable sample frame for intercensal surveys. The census report will provide valuable information for the formulation of a National Shelter Strategy and the preparatory phase of the National Physical Development Plan (NPDP) for Namibia, both of which are being supported by UNDP.

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31. As part of the post-census activities, UNFPA proposes to collaborate with the NPDP in the preparation of thematic maps and the spatial analysis of the 1991 population census. NPDP will concentrate on: (a) analyses of existing human settlements and environmental factors including prevailing socio-economic conditions, land-use structure, the effects of population on economic activities and productive activities (in relation to the environment and natural resources), hierarchy of settlements, distribution of population in relation to the geographical distribution of infrastructure and services, etc; and (b) an analysis of the spatial implications of the National Development Plan. UNFPA proposes to provide $1 million for activities in this sector, of which $700,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

32. UNFPA would provide support to set up a Population Unit within the National Planning Commission to coordinate and integrate population variables into the planning process from the outset as well as to facilitate understanding of their implications for development. Such a Unit would also ultimately take charge of coordinating population assistance and monitoring population programme results. UNFPA assistance should be utilized at all levels, including drawing upon other global and regional programmes, to train nationals in population studies and demography, as well as to provide technical assistance and library materials. UNFPA proposes to provide $500,000 for activities in this sector.

Women, population and development

33. UNFPA's support in this area would supplement the Government's efforts to improve the status of women in the context of population and development actions. Recently, a non-partisan Namibia National Women's Organization has been formed to support and enhance adherence to the constitutional provisions that ensure equality of and non-discrimination against women in all facets of life. UNFPA proposes to support efforts by the Department of Women's Affairs in the Office of the President to formulate a comprehensive strategy designed to increase the effective participation of women in the development process in general, and in the population programme in particular. UNFPA would further support gender sensitization using a programme approach within the context of the Transitional National Development Plan, while taking into account the work of NGOs and other organizations. In this respect, UNFPA should concentrate on the generation of data for use in awareness creation, while establishing strategic planning, programme development, coordination and monitoring capabilities within the Department of Women's Affairs. Such an approach would help coordinate the work of UNIFEM and other agencies already supporting women-in-development activities. UNFPA proposes to provide $500,000 for activities in this sector.

Programme reserve

34. UNFPA proposes to establish a programme reserve of $100,000 to address as yet undetermined needs within the context of the proposed interim programme.

Programme coordination

35. At the Government's request, the UNFPA Office will provide strong support for coordination until such time as the Government's requisite mechanism and personnel are in place. Namibia is one of the countries in which the Joint Consultative Group on Policy attempts to focus donor coordination on efforts to alleviate poverty. In this respect, UNFPA will seek to strengthen the links between its programme and those of such United Nations agencies as UNDP, UNICEF, UNIFEM, WFP, the Food and Agriculture Organization

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(FAO) and WHO. Such complementary and joint activities would include UNICEF's work on children and women, WFP's school feeding programmes, WHO's AIDS awareness activities and provision of population education training materials to complement the work of UNDP in human development initiatives and environmental programmes. The proposed programme is synchronized with the programming cycles of UNDP and UNICEF.

Programme monitoring, evaluation and management

36. All UNFPA projects would contain, as far as possible, clearly articulated and measurable objectives and would be monitored and evaluated according to UNFPA's standard guidelines. Given the absence of baseline data, situation analysis reports undertaken by both UNDP and UNICEF, in addition to those of UNFPA, will be utilized for measuring progress. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37. United Nations Volunteers would be utilized in the absence of local skilled human resources at the programme implementation stage. At the field level, the programme would be managed by the UNFPA Country Director under the overall supervision of the UNFPA Representative, who is also the Resident Representative of UNDP.

Financial summary

37. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $4.5 million over the five-year period 1992-1996, of which $3 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA's regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,000,000	500,000	1,500,000
Information, education and communication	600,000	300,000	900,000
Data collection and analysis	300,000	700,000	1,000,000
Population policy formulation	500,000	--	500,000
Women, population and development	500,000	--	500,000
Programme reserve	100,000	--	100,000
TOTAL	3,000,000	1,500,000	4,500,000

V. RECOMMENDATION

38. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Namibia in the amount of $4.5 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $3 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $1.5 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Namibia and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Swaziland
Support for a comprehensive population programme

Proposed UNFPA assistance:	$2.75 million, of which $2 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $750,000 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Swaziland United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Economic Planning and Development

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SWAZILAND

Demographic facts

Population Total (000)	
Total	788
Males	389
Females	399
Sex ratio (/100 females)	97.5
Urban	261
Rural	528
Per cent urban	33.1
Population in year 2000 (000)	1,121
Functional age groups (%)	
Young child: 0-4	19.4
Child: 5-14	28.0
Youth: 15-24	18.7
Elderly: 60+	4.7
65+	2.9
Women: 15-49	22.0
Median age (years)	16.3
Dependency ratios: total	101.1
(/100) Aged 0-14	95.2
Aged 65+	5.9
Agricultural population density (/hectare of arable land)	3.12

Population density (/sq. km.)	45
Average annual change (000)	
Population increase	31
Births	40
Deaths	10
Net migration	0
Annual population total (% growth)	3.57
Urban	7.03
Rural	1.61
Crude birth rate (/1000)	46.7
Crude death rate (/1000)	11.1
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.50
Gross reproduction rate (/woman)	3.20
Net reproduction rate (/woman)	2.65
Infant mortality rate (/1000)	107
Life expectancy at birth (years)	
Males	56.2
Females	59.8
Both sexes	58.0
GNP per capita (U.S. dollars, 1989)	*

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

* not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $2.75 million, of which $2 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Swaziland in achieving its population and development objectives. UNFPA would seek to provide the balance of $750,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is based on the Government's National Development Plan (1991-1994); the findings and recommendations of the November 1991 multisectoral Programme Review and Strategy Development (PRSD) mission that reviewed national population initiatives, identified the main population problems and formulated a national population strategy to address them; and recommendations of the August 1990 National Conference on Population and Development and the October 1991 National Workshop on Population and Development. The programme is designed to coincide with the programme cycle of the United Nations Development Programme (UNDP) and as closely as possible with those of other United Nations agencies and donor agencies.

3. The broad objectives of the proposed country programme are to assist the Government to: (a) achieve a balanced population growth commensurate with resources and to enhance sustainable development; (b) reduce infant and maternal mortality and teenage pregnancy through continuing improvement in the quality and coverage of maternal and child health and family planning (MCH/FP) services; (c) create awareness and public understanding of population issues, especially gender issues and AIDS prevention; (d) improve the national capacity for integration of demographic variables into national development planning; and (e) promote the status of women through elimination of practices that hinder their participation in population and development activities.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14(d)); that respect for human life is basic to all human societies (para. 14(e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

5. Swaziland, with a land area of 17,634 square kilometres, is one of Africa's smallest countries. It is entirely landlocked and, apart from a 96-kilometre border with Mozambique in the east, is surrounded by the Republic of South Africa with which it shares a customs union, monetary system and system of common law. The country is governed by a dual traditional and civil government with all executive power vested in the King.

6. According to government estimates, the population of Swaziland, 563,000 in 1980, was 817,000 in 1991.* Females account for about 52 per cent of the total, thus a sex ratio of 97.5 males per 100 females.

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*For United Nations estimates, see the demographic data sheet on p. 2.

The Government estimated annual population growth rate at 3.5 per cent (1990-1995), up from 3.3 per cent in 1980-1985, with a total fertility rate estimated at 6.5 (1990-1995). Life expectancy at birth is estimated at about 56 years while infant mortality has declined to an estimated 107 per 1,000 live births compared to 129 per 1,000 in 1980-1985. Swaziland has an extremely young population, with an estimated 47.3 per cent of the total population in the 0-14 age group. Those aged 65 years and over account for only 4 per cent. This combination of elderly and young makes for a dependency ratio of 95.2 dependents per 100 working age population. Rising and rapid urbanization stimulated by an exodus from rural areas to the two major growth centres, Mbabane and Manzini, has given rise to unemployment and other social conditions that endanger family welfare and stability and make youth especially vulnerable to social problems, including early pregnancy, sexually-transmitted diseases and AIDS.

7. Swaziland's per capita gross national product (GNP) was estimated at $810 in 1988. The economy is dualistic, consisting of a modern sector dominated by agriculturally-based export industries and a significant manufacturing sector, and the traditional subsistence sector. Commercial agriculture takes up about 45 per cent of cultivatable land. An estimated 65 per cent of the total land area is devoted to subsistence farming and helps support the 77 per cent of the population who live in the rural areas.

8. The economy is also bound up with that of its much stronger neighbour, the Republic of South Africa, which has significant investments in the country. Employment outside the country is an important outlet for those unable to find formal employment in Swaziland. As job opportunities decline in South Africa and miners return to Swaziland, the unemployment situation will be further exacerbated. Women provide most of the agricultural labour in Swaziland and, in public service positions, are represented mostly in such traditional jobs as teaching and nursing, holding few managerial positions.

9. A stated priority of Swaziland's National Health Policy adopted in 1983 is to expand and strengthen MCH services, including family planning. All development plans since 1989 have included family planning objectives. Since 1983, Swaziland has been making steady progress towards delivery of MCH/FP and other primary health care services and now has 11 health centres, 6 public health units, and an estimated 297 health service delivery points including outreach points. Of the static service delivery points, 52 per cent provide pre-natal care and 46 per cent now provide family planning services. A significant proportion of Swaziland's MCH/FP care and other health services are provided by non-governmental sources, most notably the Family Life Association of Swaziland (FLAS), the local IPPF affiliate, which provides family planning services through its three urban clinics and, through USAID, procures all of the country's contraceptive supplies.

10. Family planning remains one of the weakest elements in the primary health care programme, although some progress has been made. In 1988, the national contraceptive prevalence rate among women of reproductive age was 17 per cent, four times the rate estimated in 1985. Over 30 per cent of all women have used a contraceptive method at some time, with 80 per cent of females and 88 per cent of males aware of at least one effective contraceptive method. The provision of effective MCH/FP care and increased contraceptive use is, however, constrained since modern health facilities are not distributed evenly throughout the country. Doctors and trained midwives assist with 81 per cent of urban, but only 40 per cent of rural deliveries. Urban women are twice as likely to have used modern family planning and to be using contraception. Family planning services at some existing health care delivery points are hampered by limited knowledge and skills, while MCH/FP outreach efforts and linkages with the AIDS programme are minimal. There is also a need for a satisfactory logistics management system for contraceptive commodities. General family planning policy guidelines and service standards are lacking, as are reliable data for planning and management, especially with regard to such key population segments as youth, males and community leaders.

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11. At 67 per cent, the national adult literacy rate is rising steadily as the country approaches universal primary education. Net school enrolment is 76 per cent in primary schools and 47 per cent in secondary schools with an enrolment ratio for males and females of approximately 1:1. Between 1979 and 1987, primary and secondary school enrolment grew by 39 and 49 per cent, respectively. An estimated 37 per cent of the population has had no schooling at all and only 0.4 per cent has had some post-secondary training. The lack of trained nationals in practically all fields poses a major problem for the Government.

12. Following the recommendations of a report submitted to the Government in 1987 and the "Swaziland National Seminar on the Environment" in May 1988, the Government has set up an inter-ministerial committee to clarify the organization and operational and financial arrangements for a National Environmental Council. Legislation on this issue is planned. The Government is also seeking to bring water resources under a single authority, the National Water Authority, through enactment of a draft National Water Act. A national water inventory, including surface and groundwater surveys, is ongoing and will provide the basis for future water use planning.

13. While Swaziland has not yet established an explicit national population policy, the need for such a policy has become evident. Although the interrelationships between population growth and national development have not been fully delineated, government officials acknowledge that the challenge of national development is made more difficult by the mounting pressures and demands of rapid population growth on the country's limited resources.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

14. Beginning in 1972, UNFPA assistance to Swaziland has focused on a range of activities including MCH/FP, population censuses (1976, 1986), civil registration, demographic training, a study on law and population, and family life education. A basic needs assessment mission was held in 1980. Expenditures from 1974 to 1981 totalled $1.5 million.

15. The Governing Council approved the first UNFPA country programme of assistance to Swaziland in 1988 in the amount of $1.9 million for four years (1988-1991) of which $1.1 million had been spent by December 1991. Of the unspent funds, $450,000 was earmarked for IEC activities.

16. The PRSD mission observed that programming and project development have advanced well in the areas of MCH/FP, basic data collection and analysis, and demographic training, while efforts with regard to IEC, population policy and women in development advanced only minimally, with project documents pending and objectives still to be decided on. Although the first country programme did not achieve its objectives in these sectors, this was not primarily due to funding constraints but because of delayed programme decisions by planners, lack of agreement among policy makers on component design, and inadequate communication between the potential participants as well as delays in the provision of technical services.

Maternal and child health and family planning

17. Since 1972, UNFPA has sought to promote the delivery of family planning services and assistance to the FLAS, the local IPPF affiliate. Second-phase MCH/FP assistance started in 1988 with the launching of the first country programme aimed at improving the health status of all Swazis, especially children and women of childbearing age, by providing appropriate health services while emphasizing Safe Motherhood strategies

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geared to reducing high maternal and infant mortality rates. UNFPA support also has contributed in a number of ways to the 17 per cent contraceptive prevalence rate. In the area of training, UNFPA assistance has helped with master's-level courses in family planning programme management, year-long nurse practitioner courses at the Institute of Health Sciences, eight-week contraceptive technology courses for nurse midwives, pre-service training for nursing students, and a variety of workshops and seminars for community leaders, including chiefs, church leaders, and parliamentarians. UNFPA helped introduce the partogram used to screen difficult deliveries as well as update the family planning manual developed in the first phase. The FLAS was subcontracted to produce IEC materials on the benefits of family planning while the Lutsango LwakaNgwane women's organization was subcontracted to help encourage traditional women's groups to use family planning. In addition to providing all injectable contraceptives, UNFPA is jointly responsible for the provision of other modern methods along with IPPF, USAID and WHO (which supplies condoms for AIDS prevention). While significant progress has been made, especially in the training of nationals, the PRSD mission did indicate the need for more training of trainers, medical officers and community-based personnel as well as increased and diversified family planning outreach activities.

Information, education and communication

18. Missions fielded to discuss a possible IEC schools' project with the Government yielded a number of draft proposals, which were neither finalized nor submitted to UNFPA for funding. Nevertheless, UNFPA did fund a series of non-formal IEC activities undertaken by NGOs, especially the FLAS.

Data collection and analysis

19. UNFPA assistance has helped complete processing of the 1986 census, strengthen the civil registration system and prepare migration statistics. Operating out of the Central Statistics Office (CSO), UNFPA-assisted activities implemented by the United Nations Department of Technical Cooperation for Development were launched in 1989 to provide overseas training for staff from the CSO and the Registrar General's Office in data entry, cartography and civil registration procedures. In addition, training workshops for local staff from CSO, government ministries and the University of Swaziland have been conducted with the assistance of United Nations Volunteers, the Economic Commission for Africa and the United Nations Statistical Office. All statistical, analytical and administrative reports on the 1986 census have been produced and a seminar to disseminate census results was held in October 1991 with participants from neighbouring Zambia, Lesotho and Botswana. UNFPA support helped lay the foundation for the 1983 enactment and subsequent promulgation of a compulsory civil registration system.

20. The PRSD report suggests that problems involving the institutional arrangements for data collection and analysis need to be addressed. The Statistics Act of 1967 does not clearly mandate the CSO to coordinate data collection systems and activities of other government units. In addition, institutional linkages between CSO, the civil registration system and other data collecting ministries are weak. The inadequate number of staff skilled in data processing and analysis has led to a backlog of unanalysed data and delays in publishing results. Consequently, a number of user departments are setting up their own data collection systems, which is an unnecessary duplication of effort and an ineffective use of the limited available human resources and equipment. Due to a lack of focus and in the absence of coordinated planning, the CSO has undertaken too many surveys in the past four years and generated more data than it could handle. A household programme of surveys is now under consideration to help focus and reshape CSO operations.

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Population policy formulation

21. Relatively little has been achieved with regard to population policy formulation other than acknowledgement of the need for such a policy. UNFPA has provided support to the Parliamentary Committee on Population and Development (PCPD), which was set up in 1988. The PCPD has fostered interest in the population policy issue among parliamentarians, traditional leaders, policy makers and planners.

Population dynamics

22. UNFPA helped launch a demography training programme at the University of Swaziland in 1985. The UNDTCD-executedprogramme sought to integrate demography into related subjects in an effort to build up a pool of skilled nationals. Because of staffing problems and structural rigidities, some University facilities had difficulties in accommodating the subject and the effort was suspended in 1987, only to be resumed the following year. The main achievements since then included the development of curricula for demography training and the expansion of the Department of Statistics into the Department of Statistics and Demography. Demography is now being offered as an option in the University's double major programme and in postgraduate training for staff. The first graduates of the new programme will complete their training in 1992. Publications produced include career guidance material, a training manual for civil registration officers, a textbook entitled "Introduction to Demography", which specifically focuses on Swaziland, plus three other training manuals. Because of staffing constraints, planned research on demographic topics and other research assistance for the Government and other institutions could not be carried out. Two training workshops have been held for civil registration information officers from various organizations including the Ministry of Health, the Registrar General's Office and local authorities. Activities also encompassed analysis of 1986 census data. A certificate level course in demography is under discussion. The PRSD mission and the tripartite review indicated that achievements were constrained by the inadequate number of training staff available during the current academic year. The project has been extended until June 1992 to ensure completion of the academic year, preparation of a textbook, and the holding of a seminar on population policy.

Women, population and development

23. Swaziland lacks an institutional framework for women's activities nor does it have programmes designed to incorporate women into population activities. The National Development Plan does not have a fully articulated policy on women and development. There is no agency entrusted with the responsibility to articulate concerns about women's issues, policies or the effects of development on women. While the Ministry of the Interior registers women's voluntary organizations and NGOs, it neither influences the policies and programmes of other ministries nor is it in a position to monitor the impact of sectoral programmes for women.

Other external assistance

24. The number of bilateral and multilateral donors who directly or indirectly intervene in population activities in Swaziland is quite small and their areas of interest well defined. Nonetheless, donor assistance has a significant input into the national population programme. Without continued donor support, many population activities would be unsustainable in the short- to medium-term.

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25. One major donor, the United States Agency for International Development (USAID), provided a grant of $6.3 million to the Ministry of Health through its "Swaziland Primary Health Care Project" (1986-1991). A further five-year assistance package (1992-1996) is being finalized with the Government for about $6 million, with the Ministry of Health as executing agency. Activities will focus on integration of MCH/FP with other health services, community-based distribution schemes, supervision, training, health information systems, contraceptive logistics, staffing and organization, and improvements in primary health care infrastructure. Under its new programme of assistance, USAID would continue provision of contraceptives for the FLAS, but contraceptive supply to the Ministry of Health would be gradually phased out by the end of 1992. The European Community provides technical advisory support to the Ministry of Economic Development and Planning and support for the construction of rural health facilities. The British Overseas Development Administration has for some time provided funds and technical expertise for the CSO's data analysis activities, and is also involved in aspects of AIDS prevention and medical training. WHO's contribution has been in AIDS control and education, providing technical advice and training. UNICEF has been involved in Safe Motherhood Initiative projects geared towards prenatal care in collaboration with UNFPA and plans to assist CSO in the National Household Capability Survey. A grant of $150,000 through the Ministry of Health was provided by UNICEF for training of new and traditional healers.

26. NGOs active in the population field include IPPF working through FLAS, its local affiliate, which has a 10-year history of pioneering in service delivery, population advocacy activities and awareness creation, and contraceptive supply. The Red Cross offers family planning services in its clinics, and CARE International has collaborated with the FLAS in AIDS prevention and education in schools, with funding from WHO. The Lutheran World Federation works with refugee groups, especially in providing emergency relief.

IV. PROPOSED PROGRAMME 1992-1996

27. In addition to the overall objectives outlined in paragraph 3 above, more specific objectives of the proposed UNFPA programme would be to expand and improve the delivery of MCH/FP services in order to reduce maternal and infant mortality and to increase contraceptive prevalence to 30 per cent by 1996.

28. In keeping with the PRSD mission's identification of priorities within sectors, the following strategies are proposed: (a) expand and improve MCH/FP service coverage, utilization and quality, giving greater weight to the family planning component; (b) increase the number and quality of family planning outreach sites by developing such alternative channels for delivery of family planning services as pilot community-based distribution schemes and the use of non-medical professionals; (c) develop and implement a comprehensive and multisectoral national population IEC strategy; (d) promote the formulation of an explicit population policy and the integration of population variables and gender issues into development planning; (e) review possible demographic and family planning objectives and targets as part of the policy formulation process; (f) establish a coherent system for data collection and analysis; and (g) strengthen national capacity for population research.

Maternal and child health and family planning

29. UNFPA would assist the Government to expand and improve MCH/FP services nationally by focusing more sharply on contraceptive service needs, particularly those of youth and males. Resources would be disproportionately allocated to improve services in the underserved rural areas. In giving priority to training, UNFPA support would include: (a) integration of family planning services into the remaining static health service facilities and outreach sites; (b) development of general family planning policy guidelines and service

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standards; (c) strengthening the family planning knowledge and skills of 1,100 nurses, 385 nursing assistants and 1,800 other health care providers through in-service MCH/FP training for service providers, the training of trainers (lecturers), nursing college pre-service training and refresher courses, and the training of community-based distribution agents; (d) design, development and production of teaching and promotional material for use at all health service points; and (e) the supply of contraceptives for the Ministry of Health and the strengthening of the linkages between MCH/FP and AIDS services. A total of $750,000 would be provided to this sector.

Information, education and communication

30. The proposed UNFPA-supported population IEC programme would adopt a multisectoral approach in an effort to enhance the national capacity for systematic and sustainable IEC interventions with a special focus on youth and males in support of MCH/FP, Safe Motherhood, and AIDS prevention. The programme's primary objectives would be to: (a) assist the Government to promote awareness of its national population goals; (b) advocate, generate and sustain further demand for family planning service; (c) promote responsible attitudes towards sexuality and fertility among youths and males; and (d) raise the level of national awareness of gender issues.

31. The proposed programme would seek to attain these goals by creating a multi-media, culturally sensitive IEC strategy and infrastructure to direct, implement and coordinate a national population IEC programme. Working with other donors, especially members of the Joint Consultative Group on Policy (JCGP), UNFPA would help the Government to establish an IEC task force to guide and coordinate the formulation and implementation of an IEC strategy and programme. UNFPA would provide support for: training of nationals in IEC programme management skills; socio-cultural research; multi-media awareness campaigns using popular arts, theatre, radio and audio-visual presentations; sensitization of media and related institutions to population issues; and the creation of information networks to ensure widespread public access to population and development information. Support would be provided for the design of special family life education and interpersonal and group communication interventions targeting youth and males. A total of $500,000 would be provided for this sector.

Data collection and analysis

32. UNFPA would assist the Government in achieving a coherent system of demographic data collection and analysis that would include setting up an integrated system for the collection and analysis of socio-demographic data at the CSO with subsystems located in the sectoral ministries. This would help redress such problems as poor coordination, insufficient computerization and non-standardization of demographic data. UNFPA, together with other donors, would support the development of an in-house training programme in research methodology, health statistics and data processing, analysis and dissemination. In the short term, the 1986 census data would be further processed to extract more urgently needed data on women, youth, female-headed households, migration and labour. In collaboration with other donors, UNFPA would assist the Government to undertake preparatory activities for the 1996 population and housing census. UNFPA would provide a total of $500,000 for this sector, $250,000 of which would be sought from other sources, including multi-bilateral sources.

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Population policy formulation

33. The October 1991 upgrading of the Department of Economic Planning and Statistics (DEPS) to the Ministry of Economic Planning and Development (MEPD) should be viewed as a strategic move towards strengthening the institutional infrastructure for the formulation and adoption of an explicit national population policy.

34. In line with the Government's intention of establishing a National Standing Committee to coordinate formulation of population policy, UNFPA would provide technical assistance to the MEPD so that it can review and establish specific and realistic demographic and family planning targets as part of the policy formulation process. Support would be provided for short-term training of existing staff as well as for study tours for key staff of the Ministry of Economic Planning and Development, members of Parliament, and concerned NGOs such as the FLAS. The implications for population in existing environmental data would be utilized in the population policy formulation process. A total of $450,000 would be provided for population policy formulation, of which $250,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

35. In keeping with the Government's objective of developing human resources, UNFPA would assist it in increasing the number of available population experts, developing and strengthening the national capacity to undertake research on priority population issues and providing short-term training for civil servants and NGOs. UNFPA would continue to support efforts by the Department of Statistics and Demography at the University of Swaziland to broaden the scope of its training programme, making it more relevant to national needs by strengthening its capability to conduct research on such topics as gender and environmental issues, and to render research assistance to government and other institutions. A total of $100,000 would be provided for this sector.

Women, population and development

36. The PRSD report underscored the critical need to create awareness and to strengthen technical capacity in relation to population and gender issues in government institutions responsible for the integration of population variables into development policy and plans. UNFPA's strategy, in collaboration with other donors, would be to raise the level of national awareness of gender issues among policy makers, sectoral planners, line ministries and NGOs, targeting women through sensitization and motivation with regard to the interrelationship between women, population and development. Assistance would be provided by training key personnel to strengthen the technical capacity of the University of Swaziland and the Central Statistical Office to make gender-specific data and research findings available and to strengthen the technical capacity of the Ministry of Economic Planning and Development to promote the integration of gender issues into national development planning. Activities to improve the health status of women and to increase their awareness and access to MCH/FP information and services would be undertaken through activities in the MCH/FP sector and through Safe Motherhood initiatives. IEC activities directed at decision makers, opinion leaders and the general public would also deal with women's issues and their participation in the socio-economic development process. A total of $350,000 would be provided for this sector, of which $250,000 would be sought from other sources, including multi-bilateral sources.

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Programme reserve

37. An amount of $100,000 would be provided to accommodate unforeseen activities that may arise in the context of the proposed programme.

Programme coordination

38. Responsibility for coordination of external assistance in Swaziland is vested in the Ministry of Economic Planning and Development. The Ministry could provide the needed impetus to facilitate coordination of donor assistance to population activities in Swaziland, within the definition of a comprehensive framework for the national strategy proposed by the PRSD report.

39. As yet, coordination in the context of the population programme is neither institutionalized nor regular. UNICEF, WHO and UNDP among the multilateral agencies and USAID among bilateral agencies have expressed an interest in closer collaboration and coordination of inputs with UNFPA, as applicable. The UNFPA Representative would seek to strengthen ongoing and successful collaboration among different international agencies, especially with partner agencies in the Joint Consultative Group on Policy (JCGP), through frequent donor meetings and would work to foster collaboration with the European Community and the British Overseas Development Administration.

Programme monitoring, evaluation and management

40. All country programme activities would incorporate monitoring and evaluation components. Independent, in-depth evaluations would be carried out for major projects. In addition, all projects would be subject to standard progress reports, monitoring field visits and tripartite review meetings. The programme would be under the overall supervision of the UNFPA Representative, who is also the UNDP Resident Representative. The UNFPA Country Director based in Botswana would provide guidance, technical and management assistance and would visit the country periodically. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

41. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $2.75 million over the five-year period 1992-1996, of which $2 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $750,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

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	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	750,000	--	750,000
Information, education and communication	500,000	--	500,000
Data collection and analysis	250,000	250,000	500,000
Population policy formulation	200,000	250,000	450,000
Population dynamics	100,000	--	100,000
Women, population and development	100,000	250,000	350,000
Programme reserve	100,000	--	100,000
TOTAL	2,000,000	750,000	2,750,000

VI. RECOMMENDATION

42. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Swaziland in the amount of $2.75 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to provide the balance of $750,000 of the approved programme from a combination of UNFPA regular resources and other resources, including multibilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Swaziland and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Benin
Support for a comprehensive population programme

Proposed UNFPA assistance:	$4.6 million, of which $2.8 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Three years
Estimated starting date:	January 1992
Executing agencies:	Government of Benin United Nations and United Nations organizations and agencies National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning

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BENIN

Demographic facts

Population Total (000)	
Total	4,630
Males	2,288
Females	2,343
Sex ratio (/100 females)	97.7
Urban	1,747
Rural	2,883
Per cent urban	37.7
Population in year 2000 (000)	6,369
Functional age groups (%)	
Young child: 0-4	19.2
Child: 5-14	27.3
Youth: 15-24	18.8
Elderly: 60+	4.6
65+	2.8
Women: 15-49	22.2
Median age (years)	16.7
Dependency ratios: total	97.6
(/100) Aged 0-14	92.0
Aged 65+	5.6
Agricultural population density (/hectare of arable land)	1.99

Population density (/sq. km.)	41
Average annual change (000)	
Population increase	158
Births	247
Deaths	89
Net migration	0
Annual population total (% growth)	3.15
Urban	4.81
Rural	2.07
Crude birth rate (/1000)	49.1
Crude death rate (/1000)	17.7
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	7.10
Gross reproduction rate (/woman)	3.50
Net reproduction rate (/woman)	2.48
Infant mortality rate (/1000)	85
Life expectancy at birth (years)	
Males	46.4
Females	49.7
Both sexes	48.0
GNP per capita (U.S. dollars, 1989)	380

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $4.6 million, of which $2.8 million would be programmed from UNFPA's regular resources, over a three-year period, starting January 1992, to assist the Government of Benin in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be UNFPA's third country programme for Benin.

2. The proposed programme is based on the findings and recommendations of the multisectoral Programme Review and Strategy Development (PRSD) exercise of September/October 1991, the experience gained during the implementation of the two previous programmes, the Government's priorities and strategies as reflected in the structural adjustment programme, and extensive discussions with various ministries, United Nations agencies, multilateral and bilateral donors and non-governmental organizations (NGOs). The proposed programme is intended to complement and supplement national population activities.

3. The overall objectives of the proposed programme are to assist the Government in the following: (a) reducing infant and child mortality levels by improving the quality and availability of maternal and child health and family planning (MCH/FP) services in urban and rural areas; (b) improving knowledge of the interrelationships between population and development and integrating population variables into development planning; and (c) improving the status of women in the socio-economic development process.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. According to the United Nations, the total population of Benin, which was 3.3 million inhabitants at the first national census in 1979, was an estimated 4.6 million in 1990. At the current rate of increase (3.15 per cent a year), the total population would reach 6.4 million in the year 2000, and more than 10 million in 2015. By 2000, the dependency ratio will exceed 100, the population of school-age (ages 6-11) will be 17.4 per cent of the total, and the urban population will reach 45.0 per cent, with the capital, Cotonou, increasing threefold. The population is unevenly distributed, with 60 per cent of the total living in the coastal region. The urban population is estimated at 37.7 per cent; the three main towns have grown since 1979 at the rate of at least 8.0 per cent a year. Internal and international migrations, particularly to Togo and Nigeria, are important. Infant mortality (85 per 1,000 live births) is high, as is maternal mortality, estimated at 800 per 100,000 live births.

6. Social and economic factors. Public access to health centres is still limited to about 50 per cent of the total population, who rely mostly on traditional practitioners. The distribution of health personnel is uneven: there is 1 doctor per 14,300 inhabitants for the country as a whole compared with 1 doctor for 39,000

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inhabitants in the North. MCH services are provided by the National Hospital Centre in Cotonou, 4 provincial hospital centres, 83 district health centres, 244 communal health centres and 292 village health posts. Family planning services are integrated in the national and 4 provincial hospitals and to some extent in about 250 health centres. Family planning services are also delivered by the private sector and by the two urban clinics of the Benin National Committee for the Promotion of Family Planning, the local affiliate of the International Planned Parenthood Federation (IPPF). The National Committee has been officially recognized since 1971, although the 1920 law against contraception has not yet been abolished. Information and sensitization activities on population issues have not been well developed although an Information, Education and Communication (IEC) Division has been set up within the Ministry of Public Health. With technical assistance from the United Nations Development Programme (UNDP), the IEC Division is developing a comprehensive health education programme for promoting new attitudes among individuals and families. Among married women, knowledge of modern contraceptive methods is limited (46 per cent), and contraceptive prevalence is estimated to be very low. Accordingly, fertility remains high (7.1 children per woman).

7. With negative growth since the 1980s, the gross national product per capita has fallen as low as $380 (1989). The rate of adult illiteracy remains high (85 per cent). Only 50 per cent of children of school-age (of whom 32 per cent are girls) attend primary school. The downward trend of the budget has led recently to lower school enrolment rates at primary, secondary and university levels. Although women constitute the majority of the labour force in both rural and informal sectors, and play an important social and economic role, they remain disadvantaged. Equality between men and women, though recognized in the Constitution, has yet to be translated into daily life. No institutional framework for women's integration into development has been established at the national level.

8. Successive national development plans have been concerned with the unbalanced distribution and growth of the population. Yet, few systematic efforts had been made to take population factors into account until the Population Planning Unit was established in the Ministry of Planning in 1989. To address environmental problems, primarily those of desertification and declining productivity of the land, a Plan of Action which takes into account relationships among development, environment and population is being elaborated by the newly created (1991) Ministry of Environment, Urbanization and Housing with the support of UNDP and the World Bank.

9. Since 1988, the Government has undertaken a structural adjustment programme. Pressure for democratization led to instability in 1989 and 1990 and to the organization of a national conference including representatives of various social groups (Conférence Nationale des Forces Vives de la Nation) in February 1990, after which a new Constitution was adopted. Democratic elections for the legislature and presidency were held in January 1991. The PRSD Mission, which visited Benin in September/October 1991, observed that the new Government is already committed to implementing a population programme and that the ongoing process of democratization, leading to the strengthening of effective community participation, decentralization of the administrative machinery and greater private initiative, would facilitate this.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

10. UNFPA initiated support to Benin in 1972 with preparatory assistance for a population and housing census. During 1981-1982, additional funds in the amount of $1.4 million were allocated to support MCH/FP activities. The first comprehensive population programme was approved in 1983, in the amount of $2.4 million for four years. In June 1987, the Governing Council approved the second country programme in the amount

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of $4.0 million -- totally committed from UNFPA regular resources -- over the five-year period 1988-1992. However, by the end of 1991, the total funds allocated had been expended. The cost of the second census, for which $475,000 was earmarked, had been greatly underestimated; in addition, multi-bilateral funds could not be mobilized. Total expenditures during the period 1988-1991 are estimated at $4,054,061.

11. Despite achievements, particularly those in training, research and data collection, limited progress has been made during the second country programme, especially vis-à-vis contraceptive prevalence. The overall socio-political context, which resulted in a disruption of the public sector from July 1989 to March 1991, is part of the reason. In addition, the UNFPA programme was inadequately designed, with limited sectoral strategies and too many projects in relation to the resources committed. Other constraints on implementation of population activities have included the limited capacity of national institutions; insufficient knowledge and awareness of population issues; and lack of coordination among the governmental, international and private institutions undertaking population activities. The absence of an IEC programme in MCH/FP has been an important contributor to the low level of contraceptive prevalence.

Maternal and child health and family planning

12. UNFPA support to MCH/FP, which began in 1981 to encourage birth-spacing, was extended in 1988 to assist the Government in strengthening MCH/FP services and in formulating a national family planning policy. Family planning services were provided irregularly in 250 health centres at provincial and district levels; 8 MCH centres were rehabilitated and 6 maternities were equipped with gynaecological/obstetrical items, and 11 with insertion kits for intra-uterine devices (IUDs). Training was provided in MCH/FP for provincial and district health staff -- 13 physicians and nurse/midwives, 60 trainers (10 per province) and 360 district health agents, in total. Operational research was also carried out. In addition, the Ministry of Public Health elaborated a policy framework for health, including the promotion of family planning.

13. Despite positive achievements, activities in the MCH/FP sector have had little impact on contraceptive prevalence. In addition to the reasons mentioned in paragraph 11, project implementation was adversely affected by the worsening situation in the health sector as a whole, the lack of management that resulted in irregular supply of contraceptives, overcentralization of services, insufficient commitment of the staff, sporadic technical backstopping, and limited relationships with other national bodies involved in family planning activities, especially NGOs.

Information, education and communication

14. In 1983, UNFPA approved a pilot project aimed at devising an appropriate strategy to integrate population education into the school system, formulate relevant curricula, produce didactic materials and train trainers and teachers. The experimental phase was completed in mid-1988 and a new phase was started mid-1990. Activities completed so far include training abroad in family life education for 5 of the 6 members of the core team, training of 60 trainers, sensitization of 180 heads of schools, curricular revision and production of didactic materials. However, population education has not yet been introduced into teacher training schools, technical colleges and private schools. During the review of the project, the change in the core team during implementation and the less than full integration of the implementing structure into the Ministry of Education were identified as major constraints.

15. UNFPA's support to activities to foster population communication in rural areas, which started in March 1989, was intended to sensitize new literates gathered in lecture clubs, to train journalists in population

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concepts and to create pilot centres for the production of pamphlets and other materials. Implementation was hampered by the weakness of the institutional framework, the absence of a clear strategy, and overambitious objectives. Major achievements include the training of 29 technicians in the introduction of population education into post-literacy curricula and 18 journalists on information techniques related to population issues. Rural broadcasting and radio-tapes have been produced and a training manual published. Participating communities showed strong interest in the activities.

Data collection and analysis

16. UNFPA assisted the Government in preparing for its second population and housing census. Political events and the shortage of bilateral funding led to postponement of the enumeration, originally scheduled for January 1989. Cartographic work was completed in January 1991 and the pilot census at the end of 1991. Training in data processing and in demographic analysis have now been completed.

17. UNFPA also provided assistance for the pilot phase of a civil registration project, initiated in 1989. Improvement of the civil registration system in three out of the six provinces was expected during the pilot phase. Major activities included the formulation of laws and the design of registries. The halting of the project for all of 1990 due to the socio-political situation limited achievements.

Population policy formulation

18. UNFPA supported the establishment of a Population Planning Unit in the Ministry of Planning, with the aim of formulating a population policy and promoting the integration of population concerns into development planning.

19. An inventory of population-related publications and of demographic data studies has been completed, and a documentation centre established. Research related to the formulation of a population policy and the integration of population variables into development plans was initiated in collaboration with the Population Training and Research Centre (Centre de Formation et de Recherche en Population) at the National University of Benin. The national capacity was strengthened through study tours and long-term training abroad. However, sensitization seminars have not been held, and coordination among institutions has not been achieved. Project implementation was constrained by public-sector strikes and by understaffing, inexperience and staff turnover at the Unit.

Population dynamics

20. UNFPA supported the Government in establishing a Population Training and Research Centre at the National University of Benin, in order to meet the requirements for population and development specialists. This has been successfully implemented: two groups of 16 technicians have been trained; 4 population specialists who will constitute a core research team are now receiving graduate-level training abroad; an investigation, "Women and decision-making within the household", is being carried out; and an important study, "Population in Benin: Present and Future", has been published. In the long term, however, institutionalization of the project could be hampered by the limited financial resources of the University.

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Women, population and development

21. In 1988, UNFPA approved assistance aimed at training women's groups and cooperatives in the management of income-generating activities and in population and family welfare. This activity never really got under way because of the dissolution of the national implementing agency, the Benin Revolutionary Women's Organization, in March 1990. Implemented activities consisted mainly of workshops for 36 trainers to develop a project strategy and field trips to identify ongoing activities of women's associations.

Other external assistance

22. International assistance in population focused on the health sector, especially MCH. Support to data collection, population policy, IEC and women, population and development is limited chiefly to assistance from United Nations agencies and organizations. In the health sector, French Cooperation, which supported equipment and training and gave important technical assistance on managing the health sector and setting up the health data system, is especially concerned with the anti-malaria and AIDS programmes and with the fight against endemic diseases. The Swiss and German cooperation agencies supported primary health care (PHC) activities in 11 and 10 districts, respectively.

23. The World Bank initiated the implementation of the Development of Health Services Programme jointly with Swiss Cooperation, to improve, inter alia, the early detection and management of high-risk pregnancies and the intensification of efforts to improve prenatal and postnatal care. The United Nations Children's Fund (UNICEF) is undertaking the Expanded Programme of Immunization and the promotion of primary health care through implementation of the Bamako Initiative. The World Health Organization (WHO) is supporting a programme for AIDS prevention, the training of medical staff, implementation of primary health care in six districts and reform of the IEC Unit of the Ministry of Public Health. UNDP supported approximately 15 pilot community-based clinics located in underserved urban areas and the production of training materials for the health staff. The European Community is involved in the construction of three hospitals and the rehabilitation of other health centres. In the family planning sector, the United States Agency for International Development (USAID) has supported two urban clinics run by the Benin National Committee for the Promotion of Family Planning.

IV. PROPOSED PROGRAMME 1992-1994

24. The proposed programme for 1992-1994 is based on the Government's development priorities and the recommendations of the PRSD mission and the experience gained during the implementation of the two previous programmes. The overall objectives of the programme are outlined in paragraph 3. Specific objectives of this programme are as follows: (a) to increase contraceptive prevalence significantly during the programme period; (b) to improve knowledge about demographic and population issues by carrying out the population census and undertaking population and development studies; (c) to integrate population data into the development process and to define a national framework for population activities; (d) to create awareness about population and development issues among politicians and various leaders; (e) to convince the public, especially women, of the advantages of family planning and to inform them of the availability of services; (f) to educate youth in schools in responsible parenthood; and (g) to increase the general well-being of women by upgrading the quality of family planning services.

25. The programme strategy, which would address many shortcomings noted by the PRSD mission, would be aimed at: (a) decentralizing programme implementation; (b) reinforcing relevant institutional capacity to

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plan and manage the population programme adequately; (c) promoting community and NGO participation in programme design and implementation; (d) ensuring the dissemination of information among all institutions concerned; (e) integrating UNFPA projects into broad ongoing programmes implemented with assistance from other donors to increase efficiency; and (f) promoting the coordination of population activities.

Maternal and child health and family planning

26. The objectives in the MCH/FP sector are to assist the Government in formulating and implementing a national family planning policy and strategy, and to increase the contraceptive prevalence rate. Owing to the scarcity of data on contraceptive prevalence, a baseline survey would be undertaken to establish a benchmark. UNFPA assistance would also be used to consolidate the 250 district centres, primarily through training and provision of services, and strengthen the main maternity centre of Cotonou and the six provincial centres to become reference centres, by providing necessary equipment, material and contraceptives and by improving knowledge in family planning. To increase coverage of suburban areas where the unmet demand for family planning is higher, UNFPA would provide assistance to the 15 community-based clinics supported by UNDP in order to integrate family planning activities into the services currently delivered. The programme would also seek to increase the demand for MCH/FP services through the promotion of Safe Motherhood initiatives, in collaboration with other donors.

27. The main target group for training activities would be provincial and district health staff, primarily nurses and midwives. Workshops, seminars and refresher courses would be practice-oriented and would be conducted in-country. Information on AIDS and sexually transmitted diseases would be incorporated into the training programme.

28. UNFPA would assist the Ministry of Public Health in developing a clear family planning policy with quantitative objectives and well-defined strategies. UNFPA would also provide consultancy support to the Government for a revision of the 1920 law on family planning. Coordination would be strengthened through the organization of annual seminars under the supervision of the Ministry of Public Health, involving the heads of the provincial family planning reference centres, and regular meetings at the provincial and national levels for all organizations, including NGOs, involved in family planning activities. In the context of efforts to strengthen coordination among all donors supporting the Government's primary health care strategy, UNFPA would seek to attract other funds for the promotion of family planning activities. As the promotion of family planning is part of the primary health care strategy defined at the Alma-Ata Conference (1978), it is expected that additional resources would be channelled to the programme.

29. A review of applied research would be undertaken to improve the coverage and quality of MCH/FP services. The system for collecting MCH/FP data would be revised in preparation for launching the National Health Management and Statistical System. Knowledge-attitude-practice (KAP) surveys would be undertaken regularly to assess the increase in the contraceptive prevalence rate.

30. UNFPA would provide a total amount of $1,550,000 for this sector, of which $750,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

31. The proposed programme would strongly emphasize the IEC sector in order to: (a) create awareness of the implications of population growth for sustainable development among decision makers, leaders and the

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public; (b) convince the public, especially women, of the advantages of family planning and inform them of the availability of services; and (c) educate in-school youth in responsible parenthood. The basic strategy will be to link UNFPA support to existing programmes, chiefly those in the Health Education Division of the Ministry of Public Health and those conducted by NGOs.

32. To increase the demand for MCH/FP services, midwives and nurses would receive training in IEC through regional seminars focusing on interpersonal communication techniques. Volunteers of the Benin National Committee for the Promotion of Family Planning already help sensitize potential family planning users in the MCH/FP centres. These volunteers as well as those in other NGOs involved in the field of family planning would receive IEC materials and training, which would include interpersonal communication techniques. Social workers of the Ministry of Labour and Social Affairs who participate in the immunization programme would also be integrated into the programme of sensitization. In collaboration with the UNDP-funded project Production of Didactic Material for Health Personnel, the IEC Division would produce IEC materials on family planning. To ensure that family planning concerns are taken into consideration, UNFPA, with other donors, would assist the IEC Division in convening regular coordinating meetings to assess the effect of IEC programmes.

33. UNFPA would support intensive and lengthy campaigns through the mass media to sensitize the public on family planning services. To create awareness of population issues, meetings would be organized for politicians and high-ranking officials, and seminars/workshops would be held for decision makers, leaders and NGOs. UNFPA would also provide support for the training of journalists to enable them to ensure wide dissemination of easily understandable population and health information through the mass-media network. The IEC programme would also pay attention to the intensive use of radio in rural areas because of radio's wide coverage and the low cost of producing local programmes.

34. If reform of the literacy programme is approved, UNFPA would support the integration of population concerns into literacy programmes. UNFPA's limited assistance would complement projects funded by other donors.

35. UNFPA's assistance in the field of population education would also complement important programmes supported by other donors in the education sector. Activities would focus on training in population and family life education for teachers in teacher training schools, which have recently been reopened. The programme would be fully integrated into the Ministry of Education's department in charge of the revision of curricula for primary and secondary schools. The experience of the pilot project would provide the basis for curricular revision. UNFPA's support would take into account the school reform currently under consideration.

36. UNFPA would provide a total amount of $875,000 for this sector, of which $250,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

37. To increase knowledge of population characteristics, UNFPA would assist the Government in undertaking the 1992 Population and Housing Census. The enumeration is planned for February 1992. Data processing, tabulation and analysis would be completed in 1993, with the assistance of regional advisers and researchers from the Institut de Formation et de Recherche Demographiques (IFORD), followed by

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publication of the findings in 1994. Attention would be paid to data analysis and dissemination and to a better utilization of the results for policy design.

38. UNFPA would provide a total of $1,350,000 for this sector, of which $800,000 would be provided by multi-bilateral sources. The Government of the Netherlands has already committed $645,000 under multi-bilateral arrangements, and UNDP has committed $450,000 for 1991-1992 to complete the census. During the period covered by this country programme, these contributions will amount to $800,000.

Population policy formulation

39. The objectives in the population policy formulation sector are to strengthen the Ministry of Planning in the area of population and development planning for the integration of population data into the development process and to create awareness of the implications of population growth for sustainable development.

40. The Ministry of Planning's Population Planning Unit would be integrated into the National Commission of Human Resources, which would become the Population and Human Resources Division. This body would have responsibility for the overall coordination and monitoring of population activities. The Technical Committee on Population, Health and Social Affairs would be enlarged to include all ministries concerned with population issues.

41. Special attention would be paid to training. Selected technicians from the Ministry of Planning and from other technical ministries would first benefit from courses on demography and population and development, and would then carry out sectoral studies on the integration of population variables into sectoral planning.

42. UNFPA would continue to support studies necessary for the formulation of a national population policy. In the framework of the "Population and Environment Study" undertaken as part of the Plan of Action for the Environment, the Population and Human Resources Division would assist the Government in elaborating the chapter on the consequences of population growth for the environment and would support the organization of a proposed national seminar on the topic. In addition, several awareness-creation seminars would be organized for decision makers, parliamentarians, technicians, and political and religious leaders on the importance of population issues for socio-economic development.

43. UNFPA would provide a total amount of $300,000 for this sector.

Population dynamics

44. The objective in the population dynamics sector is to contribute to the national requirements for population research through support to the Population Training and Research Centre at the National University of Benin. Under the guidance of the Population and Human Resources Division, a research programme would be set up, the results of which would be used in population and development programming. In addition, the training of civil servants would be strengthened through collaboration with the Population and Human Resources Division. UNFPA would provide a total amount of $200,000 to this sector.

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Women, population and development

45. The primary objective of UNFPA in the women, population and development sector is to ensure that women's concerns are taken into consideration in all aspects of the proposed programme. In addition, UNFPA would provide support to women's associations for improving the health of women and children, through the promotion of MCH/FP information. Women's associations would be strengthened through educational and motivational programmes for family welfare and family planning. As an entry point for introducing family life education, UNFPA would use a programme, funded by UNDP and executed by the International Labour Organisation, aimed at strengthening credit access for well-organized women's groups and NGOs engaged in economic activities in rural and urban areas. UNFPA would provide a total amount of $225,000 for this sector.

Programme reserve

46. An amount of $100,000 has been set aside as a reserve to cover any unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

47. In agreement with the Ministry of Foreign Affairs, the Ministry of Planning is responsible for coordinating and monitoring all external assistance, and also for coordinating the population programme. The Ministry's Population and Human Resources Division, which would replace the National Commission of Human Resources, would play a key role in coordination of the population programme. In the MCH/FP sector, the Coordinating Committee and the IEC Division of the Ministry of Public Health would receive UNFPA and other support to implement and coordinate activities. UNFPA would strive to strengthen the coordination among donors involved in the primary health care programme in order to improve their support to family planning activities as well.

48. The members of the Joint Consultative Group on Policy (JCGP) have agreed to harmonize their respective programming cycles. UNDP, UNICEF and UNFPA would undertake a joint programme formulation exercise at the beginning of 1995. In the intermediate period (1992-1994), special emphasis would be placed on effective collaboration with JCGP members as well as with WHO during project formulation, backstopping and evaluation missions. UNFPA would also ensure that outputs from population-related programmes are widely disseminated to other donors and executing agencies.

Programme management, monitoring and evaluation

49. Each quarter, a meeting of all national counterparts would be organized to establish the Project Management Plan for each project and to improve coordination. Standard UNFPA procedures for monitoring and evaluation would be followed to ensure the effective implementation of the programme. The field office would conduct workshops to improve the capacities of national counterparts for monitoring and evaluating population activities.

50. Under the guidance of the UNFPA Representative, the proposed programme would be monitored by the Country Director based in Lomé, Togo, and by other staff. To improve UNFPA national staff capacities, adequate training would be needed in population issues and in management and accounting. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and

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regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support-cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

51. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $4.6 million over the three-year period 1992-1994, of which $2.8 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	800,000	750,000	1,550,000
Information, education and communication	625,000	250,000	875,000
Data collection and analysis	550,000	800,000	1,350,000
Population policy formulation	300,000	--	300,000
Population dynamics	200,000	--	200,000
Women, population and development	225,000	--	225,000
Programme reserve	100,000	--	100,000
TOTAL	2,800,000	1,800,000	4,600,000

V. RECOMMENDATION

52. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Benin in the amount of $4.6 million for the three-year period 1992-1994;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2.8 million from UNFPA's regular resources, over the period 1992-1994;

(c) Further authorize the Executive Director to seek to provide the balance of $1.8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Benin and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Lesotho
Support for a comprehensive population programme

Proposed UNFPA assistance:	$3.5 million, of which $2.5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Lesotho United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning, Economic and Manpower Development

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LESOTHO

Demographic facts

Population Total (000)	
Total	1,774
Males	853
Females	921
Sex ratio (/100 females)	92.6
Urban	359
Rural	1,414
Per cent urban	20.3
Population in year 2000 (000)	2,370
Functional age groups (%)	
Young child: 0-4	17.1
Child: 5-14	26.0
Youth: 15-24	18.3
Elderly: 60+	5.7
65+	3.7
Women: 15-49	23.5
Median age (years)	18.5
Dependency ratios: total	88.1
(/100) Aged 0-14	81.2
Aged 65+	6.9
Agricultural population density (/hectare of arable land)	4.24

Population density (/sq. km.)	58
Average annual change (000)	
Population increase	56
Births	77
Deaths	21
Net migration	0
Annual population total (% growth)	2.92
Urban	6.33
Rural	1.95
Crude birth rate (/1000)	40.2
Crude death rate (/1000)	11.0
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	5.79
Gross reproduction rate (/woman)	2.85
Net reproduction rate (/woman)	2.43
Infant mortality rate (/1000)	89
Life expectancy at birth (years)	
Males	54.0
Females	63.0
Both sexes	58.5
GNP per capita (U.S. dollars, 1989)	470

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $3.5 million, of which $2.5 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Lesotho in achieving its population and development objectives. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed second comprehensive UNFPA population programme of assistance to Lesotho is based on: (a) the draft of the Government's Fifth Five-year Development Plan (1992-1996); (b) the recommendations of the Programme Review and Strategy Development (PRSD) mission that reviewed national population initiatives and recommended a National Population Strategy with which the Government could address the major population needs of the country and can coordinate the inputs of all donors active in the country, as well as lessons learned from UNFPA-supported projects to date; (c) a review of population activities of major multilateral and bilateral donors; and (d) recommendations of the 1990 Population Awareness Workshop for Policy Makers and Planners. The proposed programme is designed to coincide with the 1989-1995 second Population, Health and Nutrition Project of the World Bank and the programming cycles of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).

3. The broad objectives of the country programme are to: (a) reduce the rate of population growth; (b) improve the quality of family life; (c) enable parents to determine the timing, spacing and number of their children by providing them with access to information and safe contraceptive methods; (d) expand and improve the quality and continuity of contraceptive supply; and (e) improve the status of women and their participation in national development. These broad objectives are designed to complement and supplement the Government's efforts to attain its stated goals of decreasing the infant mortality rate to 70 per 1,000 by the year 2000, decreasing the child mortality rate from 40 per 1,000 to 20 per 1,000 by the year 2000 and increasing the contraceptive prevalence rate from an estimated 10 per cent to 25 per cent by the year 2000.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para 14 (f)).

II. BACKGROUND

5. Demographic trends. With a land area of 30,350 square kilometres, Lesotho is a small mountainous kingdom, completely surrounded by the Republic of South Africa. The population was estimated at 1.8 million in 1991, up from 1.5 million in 1980 and is projected to increase to 2.3 million by the year 2000 and to 5.97 million by the year 2050. According to government figures,[*] the annual rate of growth is estimated at 2.7 per

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[*] United Nations estimates can be found in the demographic data sheet on p. 2.

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cent a year (1990-1995), up from 2.6 per cent a year (1976-1986). The sex ratio is 96 males for every 100 females. The total fertility rate is 5.4 and seems to have remained relatively constant in the last two decades. Life expectancy at birth is estimated at 58.5 years. The United Nations estimates infant mortality at 89 per 1,000 live births (1990-1995) while estimates from the 1986 census indicate infant mortality at 84.4 per 1,000 live births, down from 103 per 1,000 in 1976. With an estimated 41 per cent of the total population in the age group below age 15, and those aged 65 years and over accounting for only 4 per cent, Lesotho has a high dependency ratio of 81.2 dependents per 100 workers. About 84 per cent of the population lives in rural areas.

6. Social and economic factors. Lesotho's economic structure is basically agrarian, labour exporting and externally dependent. The past decade has been characterized by uneven economic growth and substantial deterioration in the balance of payments. Per capita gross national product (GNP) is estimated at $470 (1989), growing at an annual rate of 5 per cent (1965-1989). With unemployment currently estimated at 35-40 per cent of the labour force, an estimated 50 per cent of the country's GNP accrues from miners' remittances, sent from South Africa where about 50 per cent of the adult male labour force periodically works. Such emigration has serious implications for family structure as it leaves women as the de facto heads of households in almost two thirds of rural families. Because of South Africa's recent adoption of a labour policy of "internalization", about 40,000 Basotho male miners are expected to be progressively repatriated by 1992, placing further demands on an already overstretched economy and depriving it of substantial revenues as a result of lost remittances. Over 70 per cent of the population depends on low productivity subsistence agriculture, which accounts for a declining 20 per cent of gross domestic product (GDP). Increased urban migration has contributed to increased urbanization, which has begun to place pressure on urban social services.

7. Lesotho's economic future remains uncertain due to political and economic factors in South Africa. In an attempt to address these constraints the Government has adopted a three-year programme of structural adjustment (1989-1991), which includes policies to increase revenue and improve productivity. One effect of these measures has been an appreciable drop in attendance at government health facilities, particularly at the poor mountain facilities, according to a 1989 study.

8. High population growth and unplanned human settlement, overstocking and deforestation for fuel consumption are the prime causes of rampant soil erosion, and there is mounting evidence that industries in the Maseru area are contributing to water pollution. Population density has increased from 40 people per square kilometre in 1976 to 60 per square kilometre in 1991 and on arable land (9 per cent of total) from 315 per square kilometre in 1986 to about 748 people per square kilometre in 1991.

9. Lesotho's health service infrastructure (both Government and NGO) assures relatively good access to primary health care (PHC) services, particularly MCH/FP. The Government and the Private Health Association of Lesotho (PHAL) provide PHC services, including comprehensive MCH/FP, through the 18 general hospitals, 150 health centres and health posts and a few community-based distribution (CBD) outlets. While the Lesotho Planned Parenthood Association (LPPA) facilities provide extensive family planning services, with the exception of surgical sterilization and some laboratory work, church-run facilities provide MCH and natural family planning services. However, since neither these facilities nor private practitioners submit service data to the Ministry of Health on family planning activities, there is a gap in the overall assessment of family planning service delivery in the country. Basic equipment and commodities for the delivery of MCH/FP services are available at health facilities as well as at commercial pharmacies. Curricula developed for Lesotho's health training institutions include MCH/FP basic training for health care providers (registered nurse-midwives and nurse assistants). Over 5,000 village health workers and 1,200 traditional birth

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attendants (TBAs) have received MCH/FP training enabling them to provide family health care and referrals in the community. Sixty-five per cent of the population is within an hour's walking distance of a health facility. The impact of these measures has been to help increase contraceptive prevalence from 2 per cent in 1976 to 17 per cent in 1990, boost prenatal coverage to 85 per cent and double supervised deliveries in health facilities from 30 per cent in 1981 to 60 per cent in 1990. In addition, the percentage of fully immunized children grew from 40 to 69 per cent between 1982 and 1990, while the same period saw an overall decline in infant mortality.

10. Despite these achievements, certain constraints remain. Health services are unevenly distributed: they are especially weak in the mountain areas, and 30 to 40 per cent of the population lacks convenient access to family planning services. There is relatively low utilization of family planning and post-natal care services, and an inadequate logistics management system results in repeated shortages of essential drugs and contraceptives at service delivery points.

11. In its statement at the World Population Conference in Mexico in 1984, the Government noted that the country's 2.3 per cent annual rate of population growth was too high and should be reduced to, at most, 2.0 per cent. This goal was reiterated in the Third Five-year Development Plan (1981-1985). Currently the growth rate is estimated at 2.7, and the Government no longer has a meaningful growth rate reduction target. However, the Government has recently re-committed itself to formulating and adopting a national population policy by March 1992 as part of its national development efforts and the recently adopted structural adjustment programme. The establishment of the Population and Manpower Division within the Ministry of Planning, Economic and Manpower Development further demonstrates the Government's commitment to this goal.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. UNFPA assistance to Lesotho began in 1976 with the provision of support for the upgrading of health centres and clinics to provide comprehensive MCH/FP services to reduce morbidity and mortality in mothers and children. Thereafter, UNFPA funds supported the following activities: (a) the Lesotho Fertility Survey (1977) and the Migration and Manpower Survey (1978/79); (b) "Reporting and Registration of Births and Deaths" (1976-1979); (c) a study on MCH/FP services (1980); (d) strengthening the national MCH/FP programme (1984-1988); (e) a study of legislation, common law and customary law and their impact on population; (f) demographic training at the National University of Lesotho; and (g) the 1986 Population and Housing Census. Assistance extended was on a project-by-project basis and amounted to $2.3 million through 1987.

13. Following a basic needs assessment mission in 1984 the Governing Council approved the first UNFPA country programme for Lesotho in June 1988 in the amount of $2.4 million for a period of four years (1988-1991). Up to December 1991, $1.3 million had been spent. The first country programme sought to promote the formulation of an explicit national population policy and to integrate population factors into national development planning. It emphasized improved quality of and accessibility to MCH/FP information, counselling and services, and formal and informal population family life education and IEC, strengthening national capabilities in demography and demographic analysis, and enhancing the participation of women and youth in population and development activities. Socio-cultural sensitivities about IEC activities, lack of infrastructure at the Women's Bureau and the delayed start of the programme all contributed to the low implementation rate.

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Maternal and child health and family planning

14. During the first country programme, UNFPA assistance to the MCH/FP programme included technical assistance; training of senior personnel in MCH/FP management; training of nurse-midwives as trainers in family planning, of nurse-midwives and nurse assistants in family planning service delivery, and of village health workers in family planning motivation; the production of training materials; renovation of the MCH/FP clinic in Maseru for use as a clinical training centre; supplying contraceptives; setting up a workshop for breastfeeding counsellors; and providing support for a demographic and health survey. UNFPA support since 1973 has helped the country reach the current contraceptive prevalence rate of 17 per cent.

15. MCH/FP services are constrained by the lack of adequate human resources needed to deliver services at the central and local levels. If the Government's contraceptive prevalence rate target of 25 per cent is to be achieved in the near future, more village health workers and TBAs need to be trained and community-based distribution of contraceptives needs to be established. Contraceptive distribution and anticipation of problems at health service areas and health centre levels need to be addressed urgently since clinic-level orders and client-level demand are currently outrunning supply. With the withdrawal of the United States Agency for International Development (USAID) as a major supplier of contraceptives in 1992, other sources must be identified. In addition, the MCH/FP sector must address the rising incidence of sexually transmitted diseases and AIDS in women. Promotion of Safe Motherhood Initiatives should greatly enhance the health status of women in Lesotho.

Information, education and communication

16. During the previous country programme, a population IEC initiative to provide rural communities with personnel trained to inform, educate and communicate on population and family life matters was launched in order to enhance understanding of the relationship between population and family well-being. Executed by the Food and Agriculture Organization (FAO) and implemented by the Ministry of Agriculture, it undertook an audience analysis of 10 pilot study villages and published the results. A technical task force on training was formed but later disbanded. Although planned for, population IEC content has not yet been incorporated into training, including the pre-service and in-service training of extension and development workers of the Ministry of Agriculture. Project personnel, however, participated in the activities of the Ministry of Health's IEC Technical Task Force in Family Planning. This activity has encountered problems and will be evaluated shortly to assess impact and/or viability for continued UNFPA support.

17. Hitherto, population IEC initiatives have been in support of MCH/FP activities and have been carried out by the Government and NGOs with USAID support through the Lesotho Family Health Services Programme. Such interventions are usually aimed at adults in the rural population, particularly farmers. One consequence is that out-of-school youth are not reached. Knowledge about population issues tends to be rather limited and equated with the family planning activities of the LPPA and the Ministry of Health. Radio is the most promising medium for IEC purposes, reaching about 84 per cent of the population with broadcasts 24 hours a day, although reception in the mountains is poor. IEC activities also produce materials for local newspapers, in addition to making widespread use of folk songs, traditional dancing and theatre. Institutions with the capacity to produce IEC materials include the Health Education Division of the Ministry of Health and the Lesotho Distance Teaching Centre (LDTC) of the Ministry of Education. The Ministry of Information and Broadcasting, working with the Instructional Materials Resource Centre of the Ministry of Education, provides valuable media production services on request. A few NGOs also produce their own materials, and commercial companies, though expensive, are also available.

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Data collection and analysis

18. UNFPA assisted the Bureau of Statistics with the 1986 Population and Housing Census, which was backstopped by United Nations Department of Technical Cooperation for Development. Preliminary data are now available for use by planners although in-depth analysis of the census data for the detailed demographic and socio-economic information required for national planning was delayed considerably. UNFPA provided support for training, equipment, local costs for enumeration staff and printing. Supplementary funding from the European Community and UNFPA was approved for the analysis and dissemination of census results. These activities were scheduled to be completed by March 1992. The Intercensal Demographic Survey has been deferred pending the completion of the analysis of 1986 data.

19. The PRSD mission report identified the institutional arrangements for data collection and the type and status of data collected as major problem areas that need to be addressed. Lesotho's Statistics Act does not mandate the Bureau of Statistics to coordinate the data collection systems and activities in other government units. However, the Bureau has been performing that role informally and without legal backing. The institutional linkages between the Bureau and other data collectors such as the Ministry of Manpower and Employment (employment statistics) and the Ministry of Interior (vital statistics) are highly informal and poorly coordinated largely because of the lack of analytical skills on the part of existing staff. Although the Bureau is well equipped, it has only four programmers/systems analysts, and many professional staff do not have computer skills. The workload is intolerably high, the result of too many surveys being undertaken, which in turn, generate more data than the Bureau can handle or analyse. In addition, various agencies have adopted different data collection procedures without due regard for standardization. The vital registration system, highly successful in the 1970s, has virtually collapsed.

Population policy formulation

20. In 1987, the Government, with UNFPA assistance, established a Population and Manpower Division within the Ministry of Planning, Economic and Manpower Development to conduct and coordinate population research, create awareness of the implications of population for the attainment of social and economic well-being and to help formulate a comprehensive population policy. Following the 1990 population awareness workshop for policy makers and planners, a draft "population policy" was produced. The Government has recently committed itself to finalizing the National Population Policy by March 1992. An Interministerial Technical Committee on population was established in September 1991. Proposals for the draft population strategy for the Fifth Five-year Development Plan (1991-1996) are being refined in line with recommendations of the PRSD mission for adoption by mid-1992.

21. The Population and Manpower Division did not become operational until July 1991 following the arrival of the project adviser. Like other departments of the Planning Ministry, it is critically understaffed due to high staff turnover. Most UNFPA-funded projects have been coordinated by other departments in the Ministry of Planning. In order to spearhead and coordinate all activities in this sector, the Population and Manpower Division needs to be strengthened with adequate staffing being the first priority.

Population dynamics

22. Two-phase UNFPA support was provided for demographic training and research at the National University of Lesotho between 1984 and 1991. Over 100 students in the Faculty of Social Sciences have graduated after taking one or more of the four optional courses in demography. The first students majoring

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in demography are to graduate during the 1991-1992 academic year. Planned activities executed as scheduled included policy-level awareness creation seminars, middle-level workshops for staff of the Bureau of Statistics in demography, and a two-year certificate programme at the National University for Bureau of Statistics staff. The programme is collaborating with nursing schools and teacher training colleges to promote population studies in their curricula as well as undertaking demographic research on behalf of the Government.

23. Although plans have been made to institutionalize the teaching of demography and related courses at the National University of Lesotho when the current UNFPA project ends in mid-1992, the PRSD report indicates that the demographic training at the University should be extended since its output will effectively complement ongoing and proposed population-related strategies. As a first step, the programme should be fully assimilated by the University.

Women, population and development

24. The Bureau (later Department) of Youth and Women's Affairs was established in 1979 to promote the status and role of women and youth in Lesotho. UNFPA support was confined to a three-month orientation of one staff member and a review of existing women and youth structures with plans for the introduction of population and family life education programmes at a later date. Recent reports suggest that the Department failed to meet the objectives set out in the Fourth Five-year Development Plan (1985-1991) due to critical staff shortages and weak central management. The PRSD mission findings indicate that the Department has not performed as well as it should in formulating comprehensive and coherent women's policies as well as in implementing various activities for the advancement of women. The PRSD mission suggests that there is a need to strengthen existing structures with the expectation of attracting more government and donor assistance in support of its own plans and those of NGOs for promoting income-generating activities and women's welfare.

Other external assistance

25. Lesotho has been designated by the United Nations as a least developed country with high priority for development assistance. In the population sector, major donors are the World Bank, USAID, UNFPA, IPPF and the Swedish International Development Agency. UNICEF, WHO and the European Community also provide valuable assistance. The World Bank has granted loans to Lesotho for medical training in laboratory techniques and laparotomy for health service providers, construction of health facilities, strengthening of the logistics system, population awareness creation and the health and nutrition household survey of 1988/89. USAID has granted $1.2 million in the period 1987-1991 for strengthening the primary health care capacities of the LPPA and the Lesotho Catholic Secretariat in family planning and IEC programmes, training in family planning management, improved management information systems, and contraceptive supply (other than Depo-Provera) which will continue until August 1992 when other donor support must be found. UNICEF assisted the Government in promoting the expanded programme for immunization and MCH programmes, construction of village health posts and training of TBAs and village health workers. IPPF supports its local affiliate, the LPPA, with an annual grant of $400,000 for contraceptives, training programmes for the delivery of family planning services, family planning and family life education and research for family planning. The Centre for African Family Studies provided technical assistance in family planning training and family life education.

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IV. PROPOSED PROGRAMME 1992-1996

26. In keeping with PRSD-identified priorities within sectors, the following strategies are proposed: (a) strengthening the institutional base of the Population and Manpower Division for population policy development and coordination of population programmes; (b) formulation and adoption of an explicit comprehensive national population policy and integration of population factors into development planning; (c) review of possible demographic and family planning objectives and targets as part of the policy formulation process; (d) expansion and improvement of the coverage, utilization and quality of MCH/FP services through promotion and development of alternative channels for delivery of family planning services with emphasis on outreach approaches such as community, office and factory-based distribution mechanisms; (e) development and adoption of a population and family life education curriculum for the formal sector; (f) formulation of an explicit comprehensive and multisectoral population IEC strategy for the non-formal sector; (g) strengthening of the institutional capacity and focus of the Women's Bureau to administer and manage programmes for women and youth; and (h) enhancement of national capabilities in data collection and analysis, demography and demographic analysis.

Maternal and child health and family planning

27. Government commitment to the goal of health for all by the year 2000 has led to the relatively rapid expansion of health care personnel and infrastructure with the addition of between 4,000-5,000 village health workers. This has benefited the MCH/FP sector. UNFPA will assist the Government to expand and improve the quality of MCH/FP services nationally. In particular, it will seek to reach the 30 per cent of the population who are underserved in the 10 health service areas covered by the mainly church-based Private Health Association of Lesotho (PHAL) and in the mountainous areas whose health needs are covered by the Flying Doctor Service in response to emergencies. Support would be provided to increase family planning utilization, explore and establish alternative channels for delivery of family planning services and to establish an effective system of contraceptive supply.

28. UNFPA would support: (a) the expansion of community-based distribution of contraceptives, and the provision of an adequate supply of appropriately mixed contraceptives; (b) training to improve management capacity within the family planning programme, especially from the level of the health service area down to the health centres and clinics; (c) training physicians in contraceptive technology, nurse-midwives and nurse assistants in MCH/FP, and community health workers in family planning education, in addition to providing training for breastfeeding counsellors and parent education facilitators as well as refresher courses for community health workers in family planning; and (d) upgrading the technical skills of MCH/FP service providers as a way of improving the quality of the care they provide to women and children. To reduce the present, high discontinuation rate of family planning use and the low utilization of natal and post-natal care services, UNFPA would assist the Government in using the results of the demographic health survey (currently being undertaken) to design appropriate family life IEC activities. Support would also be extended to the Health Education Division of the Ministry of Health to enable it to implement and coordinate the family life IEC and parent education programme. UNFPA would provide a total of $1.8 million for this sector, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

29. UNFPA would support the development of a multisectoral national IEC strategy in keeping with the recommendations of the PRSD. The primary objective is to enhance national capacities for sustainable and

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systematic IEC interventions in support of responsible parenthood, MCH/FP, AIDS prevention, and the improvement of women's status, targeted particularly at youth and men. In addition to strategy development, UNFPA would support: (a) strengthening the IEC technical task force to coordinate IEC efforts nationally; and (b) population IEC outreach programmes targeted at out-of-school youth and men in the workplace, drawing in part on improved and systematic radio programmes. UNFPA would collaborate with USAID and the World Bank in this sector. UNFPA would provide a total of $600,000, of which $200,000 would be sought from other sources, including multi-bilateral sources.

30. Population education in schools. The Government plans to strengthen the teaching of population education in the formal school system with the objective of educating future adults in population issues so that they can make responsible decisions about parenthood. UNFPA assistance would support a review of the existing population education content in the school curricula; research to determine population education needs, content and strategy to extend coverage to different school groups, commencing with youth (12 years onwards); formulation and development of a comprehensive population education curriculum; preparation of instructional materials for teachers; the orientation of school administrators and parents' associations; and the formulation of a phased programme to extend population education to all formal education programmes in the country.

Data collection and analysis

31. UNFPA would provide financial and technical assistance to carry out an intercensal demographic survey to update 1986 census data and to support preparatory activities for the anticipated 1996 census. UNFPA would also provide support for: (a) short-term consultancy services to assist the Bureau of Statistics and the Ministry of Employment to clear the huge backlog of unanalysed but relevant survey data, particularly that relating to gender issues; (b) the design and implementation of an integrated schedule of censuses and multi-purpose surveys to avoid overlap and/or the conducting of too many surveys that could easily be combined in a more coordinated manner; and (c) supplementing Swedish bilateral efforts to upgrade the technical skills of professional staff to collect and analyse data. In order to enhance the status and authority of the Bureau of Statistics to coordinate surveys, UNFPA would support efforts to establish a National Statistical Committee or Council and other relevant technical sub-committees. UNFPA would provide a total of $500,000 for this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

32. UNFPA assistance to the Population and Manpower Division would continue during the proposed programme cycle as recommended by the PRSD. The proposed programme would provide: (a) further assistance to set up and make fully operational the relevant institutional linkages between all the agencies operating in the population and development sector; and (b) short-term consultants to help train relevant national professionals in the methodologies and techniques of integrating population factors into national development planning. To facilitate this, UNFPA would provide technical assistance to review and establish specific and realistic demographic and family planning targets as part of the policy formulation process. This should lead to the further development of a population strategy for Lesotho to be included in the Fifth Five-year Development Plan (1992-1996) and to the final formulation and adoption of a comprehensive and explicit population policy. The Fund would also assist in the design of sectoral population programmes for reaching goals enunciated in the policy, including systematic utilization of any available data on environmental issues. UNFPA would collaborate with UNDP and the World Bank in addressing issues related to population policy

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formulation and implementation and to strengthening the national and sectoral institutional framework necessary for overseeing and coordinating the integration of population variables into national development plans. UNFPA would provide a total of $200,000 for this sector.

Population dynamics

33. UNFPA would continue to support efforts to sustain and upgrade the Demographic Unit at the National University of Lesotho in terms of its expertise, equipment and status. UNFPA support would include: (a) support for Ph.D. training in demography of a third counterpart; (b) acquisition of relevant equipment; (c) provision of short-term consultants for relevant in-country activities that the Government may wish to undertake; (d) fellowships for short-term courses or postgraduate studies in critical skills needed to further enhance the technical competence of the professional staff. UNFPA would provide a total of $200,000 for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

34. In keeping with the strategy recommended by the PRSD, UNFPA would provide support to the Department of Youth and Women's Affairs to build necessary institutional and technical capacity through relevant local and international training. UNFPA would continue to support activities to raise the level of national awareness regarding gender issues and would work to ensure the availability of gender-specific data and research findings (through the Demographic Unit) to assist the Government in promoting and monitoring progress in efforts to advance the status of women. Activities aimed at improving the health status of women and increasing their access to MCH/FP would be supported through MCH/FP, Safe Motherhood initiatives and IEC activities. Assistance would be provided for seminars, training and research to strengthen selected NGOs playing an advocacy role in mobilizing women with regard to their role and status. UNFPA would collaborate with UNDP and UNICEF in this sector. UNFPA would provide a total of $100,000 for activities in the area of women, population and development.

Programme reserve

35. UNFPA would set aside a reserve of $100,000 to meet unforeseen needs that may arise during the programme period.

Programme coordination

36. The programme would provide for strengthening the capacity of the Population and Manpower Division within the Ministry of Planning, Economic and Manpower Development to coordinate the various population projects and to integrate population factors into the planning process in accordance with the strategic population framework outlined in the PRSD report. The UNFPA Representative would seek to strengthen ongoing and successful collaborative efforts between UNFPA, UNICEF, UNDP, USAID, the World Bank, the Swedish International Development Association, the British Overseas Development Administration, the European Community and the IPPF and would work to promote programme coordination among the different donor agencies to ensure optimum allocation of scarce resources.

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Programme monitoring, evaluation and management

37. All projects developed under the country programme would follow standard UNFPA procedures to ensure effective implementation: progress reports, visits to project sites, and programme and project evaluations, reviews and monitoring meetings, as necessary. A mid-term review of the overall programme would be conducted in 1994. Independent evaluations would be integral components of all large or innovative projects. The UNFPA Representative, who is also the UNDP Resident Representative, would have the responsibility for the overall management of the programme. The UNFPA Country Director based in Botswana would provide technical and managerial assistance. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

38. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $3.5 million over the five-year period 1992-1996, of which $2.5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,400,000	400,000	1,800,000
Information, education and communication	400,000	200,000	600,000
Data collection and analysis	200,000	300,000	500,000
Population policy formulation	200,000	--	200,000
Population dynamics	100,000	100,000	200,000
Women, population and development	100,000	--	100,000
Programme reserve	100,000	--	100,000
Total	2,500,000	1,000,000	3,500,000

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V. RECOMMENDATION

39. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Lesotho in the amount of $3.5 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2.5 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to provide the balance of $1 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available.

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Lesotho and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Botswana
Support for a comprehensive population programme

Proposed UNFPA assistance:	$3.7 million, of which $3 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Botswana United Nations and United Nations organizations and agencies National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Finance and Development Planning

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BOTSWANA

Demographic facts

Population Total (000)	
Total	1,304
Males	626
Females	677
Sex ratio (/100 females)	92.4
Urban	359
Rural	945
Per cent urban	27.5
Population in year 2000 (000)	1,822
Functional age groups (%)	
Young child: 0-4	20.3
Child: 5-14	29.0
Youth: 15-24	18.4
Elderly: 60+	4.9
65+	3.3
Women: 15-49	22.2
Median age (years)	15.3
Dependency ratios: total	110.8
(/100) Aged 0-14	103.9
Aged 65+	6.9
Agricultural population density (/hectare of arable land)	.56

Population density (/sq. km.)	2
Average annual change (000)	
Population increase	49
Births	63
Deaths	14
Net migration	0
Annual population total (% growth)	3.45
Urban	8.28
Rural	1.27
Crude birth rate (/1000)	43.9
Crude death rate (/1000)	9.5
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.39
Gross reproduction rate (/woman)	3.15
Net reproduction rate (/woman)	2.72
Infant mortality rate (/1000)	58
Life expectancy at birth (years)	
Males	58.0
Females	64.0
Both sexes	61.1
GNP per capita (U.S. dollars, 1989)	1,600

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $3.7 million, of which $3 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Botswana in achieving its population and development objectives. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme, the second comprehensive UNFPA programme of assistance to Botswana, is based on: (a) the Government's population and development aims, as set forth in the draft of the seventh Five-Year National Development Plan; (b) the findings and recommendations of a UNFPA Programme Review and Strategy Development (PRSD) mission to Botswana in August 1991 which proposed a national population strategy to assist the Government in addressing population issues and to coordinate population and development efforts effectively; and (c) seminars on population and gender issues for Botswana's policy makers and senior civil servants. The seventh National Development Plan states the Government's intention to develop, adopt and implement an explicit national population policy and to integrate population factors into socio-economic development planning. The proposed programme is designed to assist the Government to achieve its population and development goals and is intended to complement and supplement national population activities. The proposed programme coincides with the period of the seventh National Development Plan and with the programming cycles of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).

3. The broad objectives of the country programme are to assist the Government: (a) reduce the current rate of population growth; (b) improve the quality of life of families and the entire population; (c) enable parents to determine the timing and spacing and number of their children by providing them with access to information and modern and effective contraceptive methods; (d) increase the utilization and quality of family planning services; and (e) reduce the high rate of pregnancy and school drop-outs among teenage women.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. The population of Botswana is characterized by a rapid growth rate, a high dependency ratio, a skewed population distribution and an alarming rural-urban migration pattern. Preliminary results of the 1991 population census record a population of 1.3 million (with a sex ratio of 92

males to 100 females).[1] The population is growing at the rate of 3.5 per cent a year (1988-1991). Due in part to high immigration, the population will double in less than 21 years, a major government concern. The dependency ratio is 107:100. The urban population's annual growth rate is 6.7 per cent. The total fertility rate has declined from 6.5 to 4.8 (1981-1991). If immigration is excluded, the rate of population growth is estimated at 2.2 per cent a year. The infant mortality rate is estimated at 37 per 1,000 live births, and the crude death rate at 9.7 per 1,000 (1991) -- rates among the lowest in Africa. Average life expectancy is approximately 60 years. Although the overall population density is slightly below 3 per square kilometre, the population is highly concentrated in those parts of the country with arable land. The total population density on arable land is estimated at 33.4 per square kilometre. Seventy per cent of Botswana's population is rural.

6. Social and economic factors. Botswana's health situation is remarkable. The national health coverage is estimated at over 95 per cent, one of the best in the region. Between 85 and 90 per cent of these facilities have integrated maternal and child health and family planning (MCH/FP) services, and about 85 per cent of the population is within walking distance of a health facility or service. Because of a shortage of medical doctors, nursing staff are the principal cadre of service providers and are among the best trained in the region. The combination of the above factors with a decentralized health management system, adequate logistics support and a management information system has contributed to the high rate of contraceptive use -- about 32 per cent -- and to a reduction in the total fertility rate. Notwithstanding these achievements, there are a number of concerns. Maternal mortality is estimated at 150 per 100,000 live births, the gap between family planning knowledge (85 per cent) and practice (32 per cent) is large, and 15 per cent of the population are not within walking distance of a health facility. At the current rate of population growth, all cadres of trained manpower will have to be doubled during the decade.

7. Primary and secondary education is free in Botswana. The goal of an 80 per cent enrolment rate for primary education set by the 1990 World Conference on Education for All by the Year 2000 has been surpassed, and much progress has been made towards achieving nine-year basic education, with more than 65 per cent of standard 7 children entering junior secondary school in 1991. University enrolment has risen to approximately 6 per cent of secondary school entrants. The Government also promotes non-formal education for adults, with emphasis on women and on vocational training to supply the skilled manpower required for industrial and rural development. Female enrolment rates are high, averaging 50 per cent in primary and secondary levels, 83 per cent at teacher training colleges, 32 per cent at vocational/technical institutions and 44 per cent at the University of Botswana. Female participation at higher levels is constrained by early pregnancy, which accounts for three quarters of total secondary school drop-outs.

8. Sound economic policies and management, coupled with a rapid growth of mineral revenues, have contributed to a remarkable sectoral and macroeconomic performance. Per capita gross national product (GNP) was estimated at $1,600 in 1989. Real growth in gross domestic product (GDP) has averaged 13 per cent a year since independence in 1966. Investment in the social and economic infrastructure has increased employment opportunities and contributed to improved health and educational opportunities and to the training of much-needed skilled manpower. Prospects for the future are less reassuring. The seventh National Development Plan forecasts that GDP growth will slow to an average of 5 per cent a year over the plan period (1991-1997), with a decline in mining-sector performance, while available resources will be heavily strained

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[1] The results of the 1991 census differ from United Nations projections, which are provided on p. 2 of this report. For the sake of consistency, the data presented in this paragraph are based on the findings of the 1991 census.

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to provide minimum standards of living for the majority of the population. The diversion of crucial national resources, both human and capital, from investment and job creation to the supply of support services is limiting the Government's ability to promote development. As the population expands, those severely affected will be the 60 per cent of the population considered below the poverty line, the majority of whom live in rural areas and engage in subsistence farming.

9. Botswana is landlocked, and more than two thirds of the total land area is desert. Rainfall is scarce, and drought is a recurring hazard, with major water sources subject to high levels of evaporation. Agriculture, livestock and wildlife are the backbone of the rural economy. However, inappropriate soil husbandry practices, overgrazing and inadequate regeneration measures are intensifying the threat to the fragile physical environment. The rangeland has been highly eroded, and deforestation is extensive. The best agricultural land is also being lost to industry and urban settlement as the population grows and rural-urban migration accelerates. The Government's recognition that rapid population growth is destroying the environment has contributed to its interest in formulating a population policy.

10. The Government's commitment to population and development is clearly outlined in two chapters of the seventh National Development Plan. The Government proposes to formulate an explicit population policy aimed at reducing the high population growth rate. It intends to establish a secretariat located in the Ministry of Finance and Development Planning to service the Interministerial Programme Steering Committee on Population and Development. The Government also intends to transform this interministerial steering committee into a Standing Committee on Population and Development (SCPD). Despite these commendable goals, responsibility for drafting and implementing the policy has not yet been assigned.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

11. UNFPA's assistance to the Republic of Botswana began in 1971 with support to the Central Statistics Office to undertake the national housing and population census as well as support for the national family health programme and population dynamics. Extended on a project-by-project basis, assistance totalled $1.8 million through 1986. After a basic needs assessment mission in 1984, the first UNFPA country programme for Botswana was approved by the Governing Council in June 1987, in the amount of $1.9 million for five years (1987-1991), of which $1.2 million was to be provided by UNFPA. Up to December 1991, $1.8 million had been spent.

12. The objectives of the first comprehensive programme were to: (a) strengthen the management of the national family health programme and delivery of MCH/FP services; (b) develop and promote multisectoral information, education and communication (IEC) activities to sensitize political and community leaders about population and development issues and to mobilize high-risk groups to seek MCH/FP services; (c) strengthen the institutional capacity of the Central Statistics Office in population data collection and analysis; (d) strengthen the planning structure to intensify the process of formulating and evaluating population programmes; and (e) strengthen the Women's Affairs Unit of the Ministry of Labour and Home Affairs to plan, manage, monitor and evaluate women, population and development activities.

Maternal and child health and family planning

13. Support to the MCH/FP programme was initiated in 1971, when UNFPA provided assistance for the national family planning programme. In 1973, when the Government took over 50 family planning service delivery points from the International Planned Parenthood Federation (IPPF), UNFPA provided support to

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strengthen services. Specific achievements attributed to UNFPA assistance include a strengthened and streamlined Family Health Division to administer and supervise the MCH/FP programme by training core staff in management; strengthened, cost-effective local training programmes covering family life education, the upgrading of clinical skills, and management skills for district senior staff; establishment of a cervical cancer screening programme; and analysis of medical statistics to facilitate management information systems. To a large extent, UNFPA assistance also facilitated the integration of the MCH/FP programme into the national health system.

14. Despite these remarkable achievements, the MCH/FP programme is constrained by the shortage of personnel to staff facilities, especially personnel at the enrolled-nurse level. Nearly half of the health posts are affected. Adjustments have had to be made, therefore, in the roles of personnel -- for example, Family Welfare Educators have taken on clinical functions, including the provision of family planning, and have relinquished some of their original IEC motivational activities. At the central level, the core staff of 10 is inadequate to manage and supervise the established network of activities nationwide. Important segments of the community, including women at the workplace, both rural and urban, remained inadequately covered, and alternative channels of service provision to reach important groups, such as men and out-of-school youth, could not be explored. The quality of services may be negatively affecting family planning continuation rates, and, above all, a sound management system for planning contraceptive use and maintaining contraceptive supplies is not fully in place.

Information, education and communication

15. In the area of population IEC, the UNFPA programme supported seminars to sensitize political and community leaders, especially parliamentarians, chiefs and key civil servants, on population and development issues to facilitate general population awareness and to mobilize at-risk groups to seek MCH/FP services. In addition, media personnel were trained in disseminating population information, and health education staff produced IEC materials and radio programmes. UNFPA supported the Botswana Family Welfare Association in enhancing its family life education and counselling programmes aimed at sexually active young men and women by training its central staff and volunteers as motivators.

16. UNFPA has assisted non-formal IEC activities in the workplace, including sensitizing employers and trade unionists to support IEC activities for an expanded MCH/FP programme. Core project staff have been trained in planning and executing IEC activities and will train District Health Teams and Worker Educators as trainers in the expanded programme. The weakness of the non-formal IEC sector is attributed to the limited capacity of institutions charged with achieving IEC goals, primarily due to staff shortages, lack of counselling and communication skills, low training capacity, weak district-level family life education and a lack of qualitative research, which severely hampers many otherwise excellent initiatives. Consequently, key target groups, such as men and out-of-school youth, are not reached. National and regional IEC strategies, programmes and projects are necessary if institutions such as village development committees are to be used effectively for IEC promotion.

17. The rate of drop-outs due to teenage pregnancies has prompted the Government to call for increased IEC activities in schools and for curriculum revision to address this issue at all levels of instruction, including in teacher training colleges. Under its umbrella project, UNFPA has assisted in the training of core staff of the Ministry of Education through regional workshops, provided IEC materials to schools and teacher training colleges, and supported workshops on population education in selected schools, all to prepare for population education in schools.

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Data collection and analysis

18. UNFPA assistance was provided to develop the necessary infrastructure to carry out and maintain the decennial population census. Under the first country programme, UNFPA assisted such institutions as the Government's Central Statistics Office and the Department of Vital Registration along with the University of Botswana's National Institute for Research and the Department of Demography. At the Central Statistics Office, UNFPA support included advisory services for the 1991 population census and training of staff in cartography, data processing, survey methodology and demographic analysis. At the University of Botswana, support was provided for a postgraduate fellowship in demographic studies and materials. At the Department of Vital Registration, UNFPA provided support in a pilot civil registration project to identify gaps and suggest ways of improving the system, to review existing civil registration laws in preparation for expansion and replication of the system, and to train staff at all levels for the system's institutionalization. The fellowships were carried out as planned. The census was completed on schedule and data processing is progressing well; the civil registration project, despite initial delays, is now performing as expected.

19. The PRSD mission identified as major constraints the limited institutional capacity of the many units involved in data collection, primarily due to frequent staff turnover; lack of linkages and coordination mechanisms among the various units; inconsistencies in published data and research findings, casting doubts on the quality and reliability of data; a backlog of unanalysed but relevant data; and limited dissemination of relevant findings by the Central Statistics Office.

Population policy formulation

20. Under the first country programme, although it was anticipated that the Government would formulate a population policy, and the United States Agency for International Development (USAID) had committed sufficient funds for the purpose, the Government decided that more research on attitudes towards population and development issues should be conducted before formulating such a policy. Therefore, UNFPA supported such activities as sensitization seminars for district administrators and tribal chiefs on the need for a population policy, with special attention to gender sensitivities and to the guarantee of women's rights under the law and to improvements in their status; a workshop at the National Assembly for the joint Houses of Chiefs and Parliamentarians, chaired by the Minister of Finance and Development Planning, to adopt resolutions and recommendations derived from the Amsterdam Declaration; participation of one key government official and one parliamentarian at the conference on "African Development within the Context of Rapid Population Growth" (Paris, 1991); and for the Ministry of Finance and Development Planning to nominate staff to participate in a population and human resources development course.

21. At the Government's request and as part of the PRSD exercise, the services of a regional adviser were provided to assist the Government in identifying problems in the seventh National Development Plan's chapters on the integration of population factors in development planning. Among the problems identified were that no institution had yet been charged with responsibility for designing the population policy or implementing recommendations of the two national conferences on population and development. In addition, there was a severe shortage of qualified professional staff. Moreover, the insufficient awareness at district and grass-roots levels of population and development linkages was identified as a critical problem, given the extensive consultations, down to village level, that customarily take place before any important national policy is adopted.

Women, population and development

22. In 1989, UNFPA undertook activities to strengthen the Women's Affairs Unit of the Ministry of Labour and Home Affairs, in collaboration with the United Nations Development Fund for Women (UNIFEM), which contributed funding, and with UNDP's Office of Project Services. The Women's Affairs Unit's overall objective is to contribute to improving women's status and their integration in national development. Specific activities of the Unit include coordination of women's activities at local, national and international levels; promotion of research on the situation of women in Botswana and dissemination of relevant information; liaison with ministries on women's issues; and provision of advice to the Government in addressing these issues. UNFPA supported training central staff in formulating projects and in managing and evaluating programmes; conducting seminars on gender, population and development; strengthening linkages between the Government and NGOs; and promoting research on teenage pregnancy, gender, income generation and traditional attitudes and customs, such as rites of passage and family planning behaviour. Other planned studies included research on law and population concerns of women.

23. The results of these efforts have included a broadened debate on population and family life issues and increasing awareness of their intersectoral nature and their implications for national development; a heightened understanding of the relevance of women's productive roles to national development; and utilization of population data to create awareness and to validate population-gender interrelationships. Moreover, seminars organized by the Unit have effectively sensitized the national leadership on the linkages of gender, population and development, and on research needs in the field.

24. The project encountered problems, however. First, because the national policy on women in development, drafted in 1988, has not yet been approved by the Cabinet, the Unit lacks clear-cut policy guidelines for its activities within the Government. Second, the Unit's advisory committee, the Women and Development Planning and Advisory Committee, has been unable to facilitate strong linkages between the Unit and other ministries at the policy-making level. Third, financial and human resources allocated specifically to women's concerns are inadequate, thereby limiting the Unit's capacity to attract and retain qualified and experienced staff and to train staff on sector-specific issues.

Other external assistance

25. Botswana has attracted increasing external assistance over the years, and, at its current rate of achievement, the nation is envisaged as a future role model for the rest of Africa, particularly in the area of population and development, in which UNFPA and USAID are the main donors. USAID assistance for the period 1988-1993 is expected to total nearly $3 million, of which $2 million is for IEC activities for the MCH/FP programme, and for the promotion of population policy formulation. The remainder is for operational management development, including training of District Health Teams in management of health services.

26. The World Health Organization (WHO) provided assistance in the amount of $458,000 in 1989 and $668,350 in 1990 in the areas of managerial processes, essential drugs and vaccines, health manpower development, MCH/FP, workers' health education, and organization of health services based on primary health care and research. UNICEF provided $2.1 million during 1988-1991 for immunization, child survival programmes, family health educators, training and child care. UNDP provided experts and equipment for the perinatal programme in the amount of $496,000. Under its family health project, the World Bank provided a long-term loan during 1985-1991 of $11 million for the upgrading of major national hospitals. Germany

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provided assistance to the population/health sector in the amount of $5.4 million in support of rural health infrastructure and the provision of equipment. The Norwegian Agency for International Development (NORAD) provided support in the amount of $19.9 million in 1984-1991 for rural health experts, particularly District Health Managers and related medical experts and for the AIDS control programme. IPPF is supporting the Botswana Family Welfare Association in an amount estimated at $40,000 a year for local costs. A multi-bilateral donor conference organized by the Ministry of Health to mobilize resources for the AIDS campaign in November 1991 resulted in pledges of more than $2.4 million.

IV. PROPOSED PROGRAMME 1992-1996

27. The proposed UNFPA programme of assistance is designed to assist the Government in meeting its national population and development goals as set forth in the draft of the seventh National Development Plan, including its intention to formulate an explicit national population policy. The policy would be aimed at reducing the high rate of population growth; improving the quality of life of families, particularly women and children; providing necessary information and better access to services for fertility regulation; and bringing direction, cohesion and coordination to the many population efforts currently being implemented. The proposed UNFPA programme would also assist the Government in setting realistic demographic and related targets in order to attain the population and development goals in the Seventh Plan and other declarations and documents.

28. In keeping with the PRSD's identification of priorities within sectors, the following strategies are proposed: formulating and adopting an explicit national population policy; extending family planning services through promotion, development and utilization of alternative channels for the delivery of family planning services, including involvement of NGOs and the private sector; increasing the access of both in-school and out-of-school youth to family planning information and services; formulating a comprehensive IEC strategy linked to other population-related strategies; strengthening the capacity and focus of the Women's Affairs Unit of the Ministry of Labour and Home Affairs to administer and manage women's programmes; enhancing the role of NGOs, particularly those working with young women; and strengthening the skills of the Central Statistics Office in analysis of data and dissemination of findings.

Maternal and child health and family planning

29. Support to the MCH/FP sector would be provided under the Government's proposed strategy of primary health care, which is designed to improve access to health care among those most in need, including the poor, rural dwellers, women and children, and youth. The overall primary health care strategy aims at addressing inadequately served areas; improving the quality and utilization of health care services; upgrading services to ensure effective and comprehensive delivery; improving and expanding manpower training; upgrading secondary and tertiary facilities to meet referral needs; and strengthening intersectoral collaboration.

30. UNFPA would assist the Government in expanding and improving the quality of MCH/FP services nationally through a focus on the establishment and expansion of alternative channels for the delivery of family planning services to reach males, both in-school and out-of-school youth, and underserved rural areas. UNFPA would support community-based distribution of contraceptives as well as channels facilitating service delivery at work sites, rural agricultural enterprises, youth-oriented institutions and established networks of NGOs. Support would be given to selected NGOs to strengthen their institutional capacities to improve the quality of services and management of the MCH/FP programme and training in community-outreach schemes. UNFPA, in collaboration with other donor agencies, would support the provision of adequate contraceptive

supplies and enhance the array of contraceptive methods to widen choice and promote utilization of longer-term methods. Such a strategy should increase the contraceptive prevalence level to the target of 50 per cent by 1996. Although viewed as extremely optimistic by UNFPA, the Government's official policy is to lower the total fertility rate from 4.8 to 3.0 by 1996. Safe Motherhood initiatives would also be supported to combat the high maternal mortality rate. UNFPA would provide a total amount of $1.1 million for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

31. To reinforce the policy development process and the MCH/FP programme and to further reduce the high population growth rate, awareness creation at all levels is vital. In order to broaden IEC beyond its present narrow focus on the health sector to achieve wider coverage with available resources, UNFPA would support hitherto unutilized ministries -- among them, Agriculture, Information and Broadcasting (within the Office of the President), and Local Government and Lands -- and NGOs to develop outreach IEC. The strategy identified, in order of priority, the following target groups: men, students and their parents, out-of-school youth as well as all sexually active adolescents, potential family planning users in both rural and urban settings, and policy makers and leaders at various levels responsible for policy formulation and implementation. Messages will dispel rumours and myths about family planning, promote responsible parenthood, and mobilize high-risk groups and potential family planning users. These IEC activities are vital in demand creation for MCH/FP services. Specific family planning IEC materials will improve the quality of service provision and minimize user discontinuation. In the formal school sector, UNFPA would provide support to the Ministry of Education to institutionalize population and family life education in the curricula of primary and secondary schools and teacher training colleges, including information about AIDS prevention. UNFPA would provide a total amount of $1.8 million for this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

32. To improve the availability and utilization of updated and reliable basic population and related data needed for planning at both national and district levels, UNFPA would support the analysis and dissemination of the 1991 population census; the pilot project Improvement of the Vital Statistics System, with technical support by regional teams for development of a viable population database and a repository of reports and research findings; and continued short- and long-term training and retraining of staff within existing structures to undertake demographic research, particularly on fertility and on the impact of sectoral programmes in promoting women, population and development. UNFPA would provide a total of $150,000 for this sector, of which $50,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

33. In line with the Government's expressed concern and intention to formulate an explicit population policy during the current plan period (1991-1996), UNFPA would support the policy development process through intensive awareness-creation campaigns; policy-relevant research in various sectors, including utilization of existing data to ascertain the impact of population on the environment; and training to enhance policy definition and to strengthen the institutional capacity for systematic integration of population variables into the development process. The status of women would be a key component of the national population policy. UNFPA would provide $350,000 for this sector, of which $150,000 would be sought from other sources, including multi-bilateral sources.

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Women, population and development

34. Research, such as the Botswana Family Health Surveys (1984, 1988), and the 1989 census findings have indicated a strong relationship between the education and economic status of women and fertility rates. Greater educational and employment opportunities for women tend to decrease fertility and have contributed to increasing the contraceptive prevalence rate. Hence, the status of women is a key component of any national strategy or policy that aims either at diminishing the rate of population growth or at improving women's health and social condition. Given the strategic role of the Women's Affairs Unit and of NGOs in the effective promotion and implementation of activities affecting women in development in Botswana, and in order for the Unit to have the desired impact on women-related population activities in other sectoral ministries, UNFPA support would be given to: (a) strengthen the Unit's capacity to promote and manage women's activities through relevant local, regional and international training; (b) enhance the roles of women-oriented NGOs, particularly those working with young women, in advancing the status of women; (c) assist the Unit in developing programmes aimed at reducing the incidence of teenage pregnancy and the school drop-out rates of teenage women through enhanced access to family planning information and services; (d) support NGOs in developing and strengthening family life education and peer-group counselling programmes; (e) facilitate training programmes on gender-based research and analysis to improve the skills of producers of data; and (f) promote research on the impact of population and the environment on women. UNFPA would collaborate with United Nations and bilateral assistance agencies in this sector. UNFPA would provide a total amount of $200,000 for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

35. An amount of $100,000 has been set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

36. Because population matters are central to realistic planning, the Government has placed the responsibility for their coordination in the Ministry of Finance and Development Planning, under the Department of Economic Affairs. With the National Population Strategy, developed in August 1991 with assistance from the PRSD mission, for the first time the Government now has a framework for coordinating population assistance. To this end, the existing ad hoc Inter-ministerial Programme Steering Committee on Population and Development will be transformed into the Standing Committee on Population and Development, chaired by the Deputy Secretary for Economic Affairs at the Ministry of Finance and Development Planning and serviced by a secretariat located in this Ministry. With the Government setting priorities for areas of assistance and coordinating its programme, collaboration among external assistance agencies is expected to follow. Cooperation among United Nations organizations and agencies in Botswana is now ensured, and constant exchange of information has been institutionalized by regular meetings of the representatives of the member agencies of the Joint Consultative Group on Policy (JCGP).

Programme management, monitoring and evaluation

37. All projects developed under the country programme would incorporate monitoring and evaluation components. Independent end-of-project evaluations would be conducted for major projects. In addition, all projects would be subject to the standard project progress reports, monitoring field visits and tripartite review

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meetings. A mid-term review is also proposed by the Government for the recently developed population strategy. At the field level, the programme would be managed by the UNFPA Country Director under the overall supervision of the UNFPA Representative, who is also the Resident Representative of UNDP. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support-cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

38. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $3.7 million over the five-year period 1992-1996, of which $3 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,000,000	100,000	1,100,000
Information, education and communication	1,500,000	300,000	1,800,000
Data collection and analysis	100,000	50,000	150,000
Population policy formulation	200,000	150,000	350,000
Women, population and development	100,000	100,000	200,000
Programme reserve	100,000	--	100,000
TOTAL	3,000,000	700,000	3,700,000

V. RECOMMENDATION

39. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Botswana in the amount of $3.7 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $3 million from UNFPA's regular resources, over the period 1992-1996;

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(c) Further authorize the Executive Director to seek to provide the balance of $700,000 of the approved programmed from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Botswana and with the executing agencies.
